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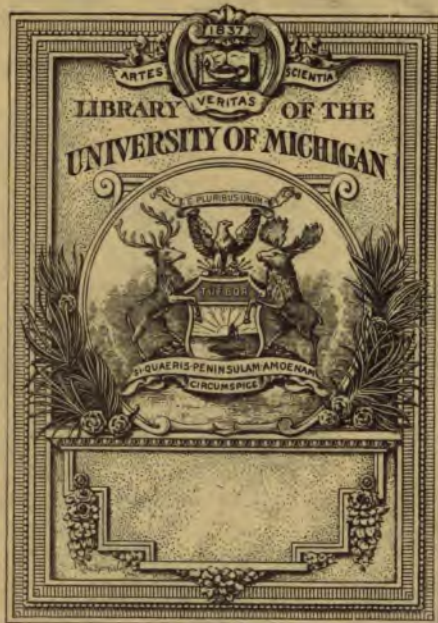
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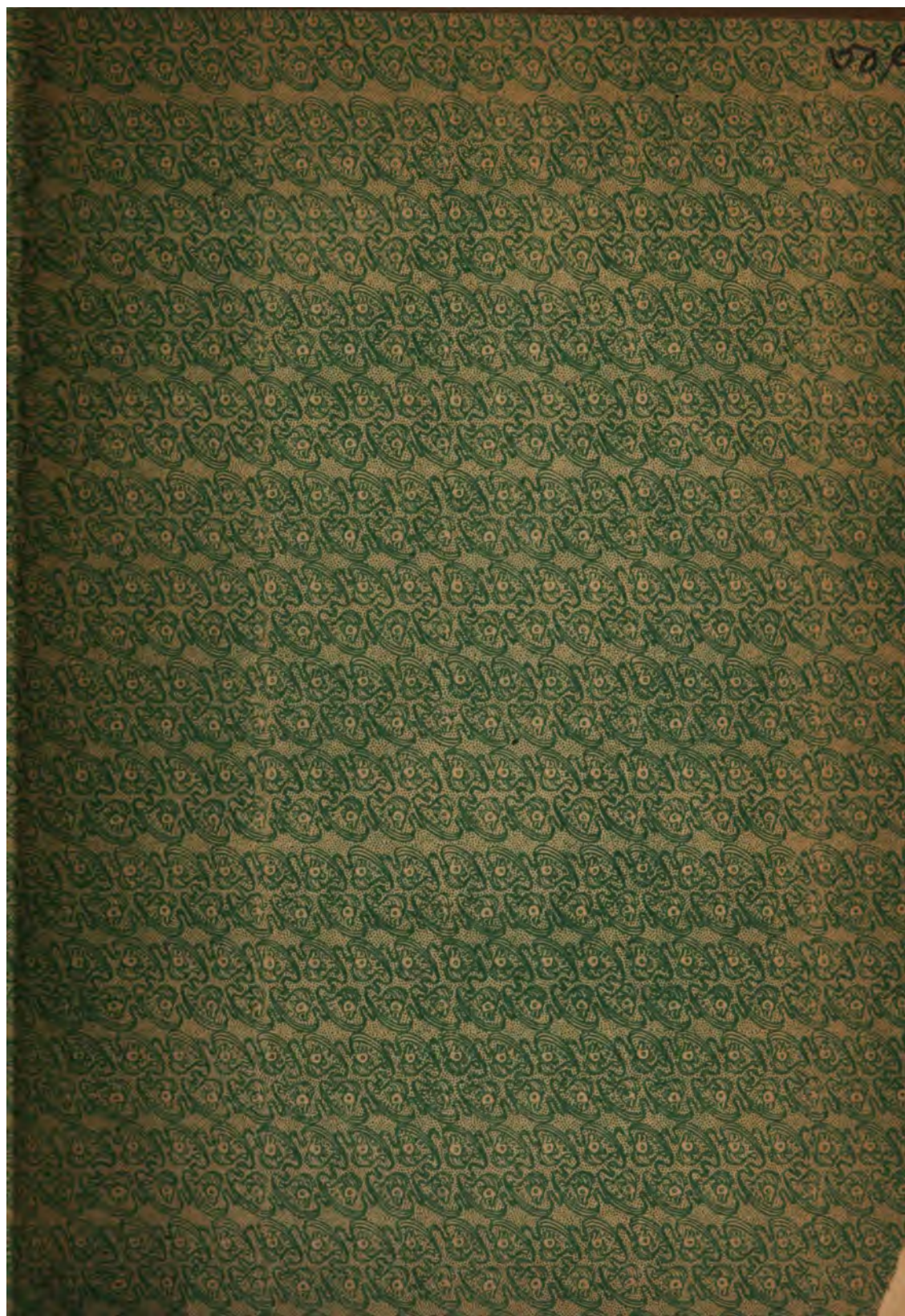
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PROCEEDINGS

OF THE

Thirty-Ninth Annual Session

OF THE

HOMEOPATHIC

MEDICAL SOCIETY

OF THE

STATE OF OHIO,

Held at Columbus, Ohio, May 12th and 13th, 1903.

EDITED BY THE SECRETARY.

East Liverpool:
Press of Evening News Review.
1904.

To the Members of the Homeopathic Medical Society of Ohio:

We respectfully submit the Proceedings of the Thirty-Ninth Annual Session of your Society, held at Columbus, O., May 12th and 13th, 1903.

THOS. M. STEWART, President.

A. B. NELLES, Secretary.

T. T. CHURCH, Treasurer.

Committee on Publication.

February 15, 1904.

129825

OFFICERS.

1901—1903.

PRESIDENT—THOS. M. STEWART, M. D., Cincinnati.
FIRST VICE PRESIDENT—G. D. GRANT, M. D., Springfield.
SECOND VICE PRESIDENT—J. P. HERSHBERGER, M. D.,
Lancaster.
SECRETARY—A. B. NELLES, M. D., Columbus.
ASST. SECRETARY—C. E. SILBERNAGEL, M. D., Columbus.
TREASURER—T. T. CHURCH, M. D., Salem.
NECROLOGIST—D. H. BECKWITH, M. D., Cleveland.

CENSORS.

C. R. COFFEEN, M. D., *Chairman*, Piqua.
R. B. HOUSE, M. D., Springfield.
W. B. CARPENTER, M. D., Columbus.
J. A. GANN, M. D., Wooster.
F. A. SMITH, M. D., Zanesville.
J. P. HERSHBERGER, M. D., Lancaster.
C. K. CONARD, M. D., Mt. Vernon.

1903—1904.

PRESIDENT—W. B. CARPENTER, M. D., Columbus.
FIRST VICE PRESIDENT—J. H. WILSON, M. D., Bellefontaine.
SECOND VICE PRESIDENT—KATHERINE KURT, M. D., Akron.
SECRETARY—C. E. SILBERNAGEL, M. D., Columbus.
TREASURER—T. T. CHURCH, M. D., Salem.
NECROLOGIST—D. H. BECKWITH, M. D., Cleveland.

CENSORS.

LINCOLN PHILLIPS, M. D., *Chairman*, Cincinnati.
H. H. WIGGERS, M. D., Cincinnati.
H. C. RUHL, M. D., Leipsic.
D. L. MOHN, M. D., Ashland.
SARA E. FLETCHER, M. D., Columbus.

INDEX.

	Page.
Abrotanum	80
Ambrosia Artemesifolia in Hay Fever	77
Anatomy, Physiology and Pathology, Report of Bureau of	52
Bureau Appointments	20
Bureau Reports	52
By-Laws	214
Case From Practice, A	151
Cerebral Irritation, A Case of	140
Chorea	156
Cirrhosis of the Ovaries-Neurasthenia	94
Clinical Case, A	83
Clinical Medicine, Report of Bureau of	121
Constitution	212
Convulsions of Children	153
Credentials, Report of Committee on	16
Delegates, Appointment of	20
Dermatology, Report of Bureau of	180
Education, Appointment of Committee on	20
Education, Report of Committee on	16
Election of Officers, Result of	19
Executive Committee, Appointment of	20
Fibroids, Uterine	89
Formaldehyde, Hypodermically in a Surgical Case, An Experience With	159
Formalin in Purulent Peritonitis	92
Galvanism, As an Adjuvant in Treatment of Nervous Diseases	195
Gynecology, Report of Bureau of	83

	Page.
Haemophilia, a Case of	142
Heat and Hot Water in Easing and Shortening Labor, the Application of	112
How This Bureau Can Be Made Useful to the General Practitioner	103
Ignatia in Skin Diseases	180
Interstate Committee, Appointment of	20
Knee Joint, Internal Derangement of	168
Law and Life	52
Legislation, Appointment of Committee on	20
Legislation, Report of Committee on	45
Materia Medica, Report of Bureau on	64
Members Elected in 1903	15
Members, List of	225
Memorial Record	231
Myopia	104
Necrologist, Report of	23
Neurasthenia and the Use of the Static Current in the Treatment, a Few Cases of	94
Neurology, Report of Bureau of	187
Neuroses, Diet in	206
Obstetric Practice, Tact in	117
Obstetrics, Ignorance in	109
Obstetrics, Report of Bureau of	109
Officers	19
Officers, List of Since Organization	217
Opthamology and Otology, Report of Bureau of	103
Pathology of Immunity The, One of Several Homeopathic Phenomena	55
Pedology, Report of Bureau of	153
Peritonitis, Formalin in Purulent	92

	Page.
Peroxide of Hydrogen, Many Uses of	64
Picric Acid	70
Placebo	66
President, Address of	33
President's Address, Report of Committee on	18
Psychology, The New	190
Publication, Report of Committee on	13
Register of Attendance	22
Sanitary Science, Report of Bureau of	177
Scientific Cooking, Should Physicians be Trained in	177
Secretary, Report of	13
Skin Disease, a Peculiar Case of	184
Standing Resolutions	216
Surgery, Report of Bureau of	159
Therapeutics of the Allopathic School, Examples	121
Theory vs. Practice	148
Treasurer, Report of	14
Two Extremes	131
What Happened to Me in Ten Days	187
X-Ray, and Its Relation to Malignant Diseases, The	199
X-Ray, What Are the Physiological Effects Produced by the..	59

CONTRIBUTORS.

	Page.
Beckwith, D. H.	23
Beebe, H. E.	66
Biggar, H. F.	83
Buck, J. D.	190
Cameron, G. D.	52
Cook, J. H.	206
Dewey, W. A.	77
Faulder, H. B.	117
Fletcher, Sara E.	195
Geohegan, W. A.	20
Haggart, G. B.	55
Horner, J. R.	199
Hoyt, Charles	112
Hoyt, Wm.	153
Hunt, M. P.	94
Jones, G. J.	121
Kraft, Frank	45
Kurt, Katherine	80
Maxwell, L. K.	168
Meade, C. C.	109
Means, J. W.	148
Morley, F. W.	187
Munns, C. O.	177
Murphy, F. W.	131
Nelles, A. B.	104
Phillips, Lincoln	59
Pulford, W. H.	64
Roll, A. C.	140
Ruhl, H. C.	184
Sawyer, C. E.	159
Smith, A. B.	142
Smith—White, Florence	156
Spencer, G. W.	180
Stewart, T. M.	33
Walton, C. E.	92
Webster, Frank	151

PROCEEDINGS
OF THE
Thirty-Ninth Annual Session

FIRST DAY—AFTERNOON SESSION

Dr. Thomas M. Stewart of Cincinnati, President, called the meeting to order in the Assembly hall of the Great Southern Hotel at 1:30 P. M., May 12, 1903, there being upwards of 50 persons present.

The President called upon the Rev. J. W. Atwood of Columbus to invoke the Divine Blessing, after which the President stated that this was the 39th birthday of this Society, that last year, in pursuance of the custom in such cases made and established of not holding an annual meeting of this Society when the American Institute of Homeopathy met within the borders of the State, this Society had taken the matter in hand, and having assured itself by a postal card request of the wishes of its members, the annual session was postponed until this year, with all the officers and chairmen as originally elected and appointed. He said, further, that now more than ever before, young men are entering into the work medical, religious, political and commercial, and it had been noticed latterly that the Presidents of the United States, as far as age is concerned, were gradually becoming younger and younger. Dr. Stewart, therefore, took great pleasure in introducing another young man, who had made a success not only of business, but also of politics, namely the Hon. Robert H. Jeffrey, Mayor of the City of Columbus.

ADDRESS OF WELCOME OF MR. JEFFREY.

I wish to thank you for your very kind words and to say that it affords me a great deal of pleasure to welcome you to the capital city of the great state of Ohio on this your 39th birthday. I assure

you that while we often have conventions gathered here, there are no conventions which at the present time could prove more appropriate or would be more welcome than a company of medical people. I don't know much about the doctrine of *similia similibus curantur*, but the euphony of that phrase is sufficient to attract most any man and hold him for a moment of calm thought. We are, today, in this city, in the throes of a campaign for clean people, clean streets, clean city government; and I take it as a most happy omen that we have among ourselves today a society of representative men and of citizens throughout the state who are met for the purpose of engendering and spreading abroad ideas, which will help different cities and states to accomplish intelligently what we are trying to do in this city today. I must confess to a considerable ignorance of medical science. There are some other sciences with which I am more familiar, but I have thought enough of your school and your organization to at least appoint a member of it on our City Board of Health. (Applause). He is one of my stand-bys today in the efforts we are making, not of reform, but of regenerating and rehabilitating some ideas of decency and right living in the minds of the people of this city. (Applause). I didn't come here to make a speech or talk politics; I only want to state to you from the bottom of our hearts we welcome you; that the city is proud to have you with us, and that we wish you God speed in every effort you put forth in your meetings, and that the largest success will crown every hope of your hearts. I thank you.

(The President). Owing to the unavoidable absence of our First Vice-President I will have to call on our representative member, one of our oldest, to speak for our Society and to express to His Honor, the Mayor, our thanks for his welcome. I will, therefore, call upon Dr. Beckwith.

RESPONSE BY DR. BECKWITH.

A young man, as Mayor of this City; a young man as President of this convention, it is in perfect harmony to select a young man in the medical profession to make the response to the Mayor, thanking him for his words of welcome to the "Ohio Homeopathic Medical Society."

Mr. Mayor, we sincerely thank you for your compliments that you have bestowed upon our Society.

We thank you, in behalf of this organization, for selecting a Homeopathic Physician for the Board of Health in this city. We know that he will make an efficient member, and one that will aid you in making the mortality list so low that you may feel proud of your Health Board.

In your selection from our school, you have chosen a man who is honorable, liberal, progressive and industrious, and whatever duties you may assign to him will be faithfully performed.

When the State Board of Health was created, a physician of the new school was placed upon that Board by Governor Foraker, and one today has the honor to be a representative of our school, a very efficient, active member.

Some years ago I received a telegram from the Secretary of this Society, requesting me to deliver an annual address. The message was received twenty-four hours before the session commenced. The answer returned: *Am not prepared.*

The Secretary responded, you are not much of a Doctor if you cannot deliver an address without preparation.

Since that event I never refuse to respond when called upon. Therefore, I wish to notify all future Presidents of this Society that hereafter when selected to respond to the Mayor, or to deliver an address, I desire more than a minute's notice.

We have this morning taken long car rides through and around your City. We have marked its beauties and its thrift; its commerce and business-like appearance; its magnificent public buildings; your colleges and school houses; your clean streets; the spires of your churches. All of which portray a happy, prosperous city.

Today you have welcomed us to our 39th anniversary. I consider it a compliment to be called upon in behalf of our Society to greet you, for I was here at the birth of its organization; I have seen it grow to a large and permanent institution, and today you can behold before you one hundred true and loyal Homeopathic Physicians and Surgeons, and more are coming, Mr. Mayor. We wish you a happy and successful administration and the hearty

support of all good citizens of Columbus, and when we meet here in 1904, may you be here to extend another hearty welcome.

Again in behalf of this Society, as well as the profession at large, we thank you for your words of praise and good cheer.

The President stated that he had a letter from Dr. T. T. Church, the Treasurer of our Society, in which he says that at the last moment he finds he cannot be with us. He says that if the Society sees fit to re-elect him as Treasurer, well and good; if not, well and good. In the absence of Dr. Church, he would have to appoint some one to receive the dues and assist in some of his clerical work. He found no provision in the by-laws for just such a case as this, and if it is the pleasure of the meeting, he would appoint Dr. Silbernagel to act as our Treasurer.

The President stated further that as the First Vice President could not be here today, but may be here tomorrow, it will be necessary to have an acting First Vice-President to call the meeting to order, and act as President at other times, appoint and receive the reports of the Committee on the President's address. How shall this pro tem. officer be appointed?

(Dr. Beckwith) By the chair.

(Chairman) Dr. J. W. Means is thereupon asked to act as First Vice-President.

The minutes and report of the Secretary were then called for.

Dr. Nelles, Secretary, stated that the minutes are in possession of the Society in bound volume, and unless errors have been detected, it seems to be the proper thing to accept them as printed.

Dr. Beckwith moved that the minutes as printed and published and now in the hands of the membership be accepted as the minutes of the session of 1901—our last meeting.

The Secretary then presented his annual report, which was accepted and referred to the Publication Committee, and which is as follows:

REPORT OF THE SECRETARY

Columbus, Ohio, May 12, 1903.

To the Homeopathic Medical Society of Ohio:

At the last meeting of this Society, held in Columbus, in May, 1901, there was a registered attendance of one hundred and one.

Six new members were taken in at that time, which makes the present membership 222.

Last year the American Institute of Homeopathy came to Cleveland, and on this account, it was deemed best that no meeting of this Society be held. This decision was made only after a careful canvass on the part of your President gained a consensus of opinion favorable to such action.

The usual expenses of this office amount to \$42.65. Bills for this are in the hands of the Treasurer.

In retiring from the Secretaryship of this Society, I wish to acknowledge my appreciation of the very kind assistance always extended to me, during my incumbency, by the other officers of the Society. I am especially indebted to Dr. Church, who, in addition to his duties as Treasurer, has always given freely of both time and labor in helping with the preparation of the Transactions.

Respectfully submitted,

A. B. NELLES, Secretary.

The President appointed Drs. G. B. Haggart, of Alliance, and J. S. Lunger, of Prospect, as Supervisors of Election. C. E. Sawyer, alternate.

For the Committee of Publication the Secretary says there is no report to make except as to the expense of the publication of the transactions, and that will appear in the report of the Treasurer. The entire committee, consisting of Drs. J. W. Means, T. T. Church and A. B. Nelles, concurred.

This report was accepted and filed.

The report of the Treasurer was then presented and read by Dr. Silbernagel, as follows:

REPORT OF THE TREASURER.T. T. CHURCH, Treasurer, *in account with*

HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.

Dr.

To balance May 14, 1901	\$ 38.62
To transfer of balance in hands of Legislative Committee to General Fund	2.50
To cash from fees and dues	481.00
	\$ 522.12

Cr.

By Dr. J. W. Means, as per bill	\$ 3.50
By the A. K. Tatem Label Co., as per bills.....	18.10
By Dr. Frank Kraft, as per bill.....	38.35
By Dr. A. B. Nelles, on account	8.00
By Armstrong & Fillmore, as per bill.....	8.00
By the East Liverpool Publishing Co., as per bill.....	209.25
By Dr. T. M. Stewart, as per bill.....	11.62
By postage	10.04
By expressage	22.63
By collecting draft.....	.15
By twine	.20
Balance	192.28
	\$ 522.12

Our Society consists of 222 members of whom—

- 11 are honorary members;
- 30 reside in other States;
- 1 has a credit of three dollars;
- 1 has a credit of four dollars;
- 1 has a credit of six dollars;
- 111 have paid in full;
- 1 owes a balance of two dollars;
- 43 have paid to 1901;
- 3 owe a balance of four dollars, and
- 20 have paid to 1900.

Twenty members have allowed their names to be dropped from the list because of non-payment of dues.

I have received and herewith present for your consideration, the resignation of Doctors H. D. Champlin, Edward M. Goodwin and Kate Parsons.

In view of the fact that we have all of our debts paid and a balance on hand as a beginning of the payment of the expenses of this meeting, I recommend that no dues be collected for the year 1902, when we did not hold a meeting of the Society.

Respectfully submitted,

T. T. CHURCH, Treasurer.

This report was referred to an Auditing Committee consisting of Drs. E. R. Eggleston, J. H. Wilson and R. O. Keiser. Later in the session this committee made the following report and was then discharged:

REPORT OF AUDITING COMMITTEE.

To the Homeopathic Society of Ohio:

Gentlemen:—Your Auditing Committee has examined the report of the Treasurer of this Society and finds it correct. We recommend the remission of dues for 1902 as embodied in the report of the Treasurer.

E. R. EGGLESTON,
J. H. WILSON,
R. O. KEISER,
Committee.

The Board of Censors being lacking a majority, Dr. Lincoln Phillips was added to assist Dr. Carpenter. This committee, at different times reported favorably upon the following physicians, who were duly elected to membership:

CENSORS' REPORT.

Baldwin, Wm. M.	- - - - -	Newark, O.
	Homeopathic Hospital College, Cleveland, 1869.	
Biggar, H. F., Jr.	- - - - -	Cleveland, O.
	Cleveland College of Physicians and Surgeons, 1896.	

Bryant, Susannah L.	- - - - -	Columbus, O.
	Hahnemann Medical College and Hospital, Chicago, 1899.	
Cheatham, Elizabeth C.	- - - - -	Marion, O.
	Hahnemann Medical College and Hospital, Chicago, 1893.	
Cooke, Clara E.	- - - - -	Portsmouth, O.
	Hahnemann Medical College and Hospital, Chicago, 1896.	
Finke, F. W. D.	- - - - -	Cleveland, O.
	Cleveland Homeopathic Medical College, 1903.	
Georgi, S. E.	- - - - -	Cincinnati, O.
	Pulte, 1899.	
Hadley, W. A. M.	- - - - -	Springfield, O.
	Homeopathic Hospital College, Cleveland, 1889.	
Hetherington, Clark E.	- - - - -	Piqua, O.
	Chicago Homeopathic Medical College, 1901.	
Junkerman, C. F.	- - - - -	Lancaster, O.
	Hahnemann Medical College and Hospital, Chicago, 1889.	
Lee, Frank C.	- - - - -	Fullertown, O.
	Cleveland Medical College, 1891.	

The Committee on Credentials asked for reports of members present who are members from other societies.

Dr. Means and Dr. Phillips, delegates from the Miami Valley Society, had nothing to report. Dr. Haggart, of the Eastern Ohio, was not the regular appointee (that being Dr. Carter, of Akron), he made a little off-hand statement of the doings and meetings and success of his society. He said they met twice a year and usually had interesting meetings with instructive papers.

Dr. Hunt was called upon to speak for the committee on Medical Legislation, but said he was not its chairman, and while he had taken some leading interest in the contest when the admission of the osteopaths was a prime matter, still he had nothing to report at this meeting.

The next item of business was the report of the committee on Medical Education, which was presented by Dr. Frank Kraft. This report was accepted and filed.

The report of the Necrologist by Dr. Beckwith was then received and referred for publication.

Dr. Hunt, as chairman of the Executive Committee, asked for information touching his duties in that office.

The President: The Executive Committee is a committee instituted some years ago to take care of all details of business. Any member having any resolutions or any other matter of business that he may wish to present to this Society, first presents it to the Executive Committee. They arrange it in suitable form for action in our convention. It was intended to do away with considerable waste of time and useless debate, but not to stop debate on important matters. You have nothing to do unless the members give you something to do.

Dr. Hunt: The Secretary has something to present from the Executive Committee.

The Secretary presents the resignations of H. F. Littell, Thos. E. Rhinehart, and a letter from Dr. Van Heinezig, in Texas, wishing the Society good luck. Also a letter from Dr. Wells asking the Secretary to get men throughout the State to canvass for new members for the American Institute of Homeopathy; and therefore Dr. Nelles would ask members from the different cities and towns to take these applications and see to it that they are properly distributed, in order to induce those not yet in membership with the Institute, to put in their applications this year.

Reports from the Bureaux of Anatomy, Physiology and Pathology, Materia Medica and Gynecology were then presented. The papers were discussed and referred for publication.

Recess to 7:30 P. M.

EVENING SESSION.

Dr. J. W. Means, First Vice-President pro tem., called the meeting to order and at once introduced the President, Dr. T. M. Stewart, who thereupon proceeded to read his Annual Address.

Dr. Means, as Chairman, appointed as a committee upon this Address, Doctors C. E. Sawyer, A. W. Reddish and M. P. Hunt.

By special pre-arrangement, the Bureau of Neurology was then taken up with Dr. J. H. Cook, Chairman.

The papers were discussed and referred for publication.

The meeting then adjourned.

SECOND DAY—MORNING SESSION.

On re-assembling with President Stewart in the Chair, the Supervisors of Election presented the names of officers and Censors to be elected, with the report that this list had been posted in a prominent part of the Assembly Hall, and for the period required by the By-Laws. In view of the fact that there had been no contest, it was asked, in the interest of expedition, that a vote be now taken, but the declaration of their result not to be announced until the Special Order of Business arrived. So agreed. Vote was taken and was unanimous.

The Bureau of Ophthalmology and Otology was then called, there being but one paper by the Secretary, Dr. A. B. Nelles, who presented "Myopia." This paper was discussed and referred for publication.

Dr. Means now being in the Chair, the Committee on the President's Address presented the following report:

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

After a careful perusal of the most excellent address by the President, we are pleased to report favorably on the points discussed.

We take pleasure in commending the point relative to preliminary education being arranged for in courses, outside of medical schools, rather than imposing it upon the medical colleges and thereby prolonging the course, and we agree, with one accord, that the regular four years' course in medical education should be the maximum standard of medical college requirement, and in order that greater proficiency and a higher standard may be obtained by the medical profession, we suggest that the preliminary education should be arranged for in high school or college courses before beginning the study of medicine. To the end of executing the thought on this point, as embodied in the address, we have to offer the following resolution:

Resolved, That the present requirements of four years' study, of not less than seven months each in medical colleges should be regarded as the maximum requirement.

Lincoln Phillips	-	-	-	-	-	-	Cincinnati.
H. H. Wiggers	-	-	-	-	-	-	Cincinnati.
D. L. Mohn	-	-	-	-	-	-	Ashland.
H. C. Ruhl	-	-	-	-	-	-	Leipsic.
Sara E. Fletcher	-	-	-	-	-	-	Columbus.
A. B. Smith	-	-	-	-	-	-	Springfield.

The reports of the Bureaux of Surgery, Sanitary Science and Dermatology were then presented. These papers were discussed and referred for publication.

The President-elect announced the Chairmen of Bureaux and other appointments as follows:

BUREAU CHAIRMEN.

Sanitary Science	-	-	-	-	-	G. B. Haggart, M. D.
Laryngology	-	-	-	-	-	Ella G. Hunt, M. D.
Clinical Medicine	-	-	-	-	-	A. B. Smith, M. D.
Ophthalmology	-	-	-	-	-	C. O. Munns, M. D.
Neurology	-	-	-	-	-	R. B. House, M. D.
Gynecology	-	-	-	-	-	P. B. Roper, M. D.
Materia Medica	-	-	-	-	-	C. A. Schulze, M. D.
Surgery	-	-	-	-	-	H. D. Bishop, M. D.
Dermatology	-	-	-	-	-	Mark Pardee, M. D.
Obstetrics	-	-	-	-	-	Chas. Hoyt, M. D.
Anatomy, Physiology and Pathology	-	-	-	-	-	G. D. Cameron, M. D.
Paedology	-	-	-	-	-	Sara E. Fletcher, M. D.

DELEGATES TO OTHER SOCIETIES.

American Institute of Homeopathy—

T. M. Stewart, M. D., and H. H. Baxter, M. D.

Michigan State Society—

L. K. Maxwell, M. D., and J. C. Wood, M. D.

Kentucky State Society—

C. C. Meade, M. D., and C. A. Pauly, M. D.

Indiana State Society—

A. W. Reddish, M. D. and J. W. Overpeck, M. D.

EXECUTIVE COMMITTEE.

Drs. R. O. Keiser, Chas. Hoyt, Frank Webster, A. C. Roll,
J. H. Cook.

LEGISLATIVE COMMITTEE.

Drs. M. P. Hunt and G. B. Haggart—For three years.

Drs. H. E. Beebe and W. B. Carpenter—For two years.

Drs. A. L. McCormick and J. H. Wilson—For one year.

INTERSTATE COMMITTEE.

Dr. M. P. Hunt—Four years to serve.

Dr. T. A. McCann—Two years to serve.

COMMITTEE ON EDUCATION.

Dr. E. R. Eggleston. Dr. Frank Kraft. Dr. Geo. D. Grant.

Miscellaneous and New Business was then called. Dr. Haggart presented the following:

"We know of nothing appealing to the human intellect more than that of faithful services well performed. No reward can serve to emphasize the indebtedness of any organization, when well tried, long serving and punctual officers retire. Therefore, I move that this Society, in recognition of the long and efficient services of our retiring Secretary, A. B. Nelles, of Columbus, Ohio, extend to him a vote of thanks." Motion seconded and carried.

Dr. Spencer: I have something of more importance than that, I believe, to say. I believe I voice the sentiment of this Society when I ask for a vote of appreciation for our outgoing President, for the dignity with which he has presided, thus representing the high character of the medical men and women of the profession; the courtesy accorded to every member, thus endearing him in our hearts; for the despatch with which he has conducted the business of the Society, which has removed much of the tedium usual at these meetings; for the impartiality which he has shown to each member, therefore there could be no dissatisfaction; and lastly, but not least, for the splendid example which he has given for his successors. Therefore, I move that this Society give a vote of thanks to Dr. T. M. Stewart, our outgoing President, for the very excellent service he has rendered this Society for the last two years.

The motion was seconded and put to the meeting by Secretary Nelles, and unanimously carried.

The President: I certainly appreciate the evident favor with which you have received my efforts to conduct the meetings of this Society, and in the administration of its affairs. I certainly thank you most heartily for your appreciation and the handsome words in which you have stated it.

Dr. Haggart moved a vote of thanks to the Local Committee; also to the officials of the hotel for their care and thoughtfulness in promoting the good of our meeting. Carried.

After which, no further business appearing, the Thirty-ninth Annual Session of the Homeopathic Medical Society of the State of Ohio was adjourned.

ALPHABETICAL REGISTER OF PHYSICIANS IN ATTENDANCE

<i>Alliance.</i>	<i>Columbus.</i>	<i>Lima.</i>
HAGGART, G. B.	ALLEN, A. G.	BOWSER, M. H.
<i>Ann Arbor, Mich.</i>	ALLEN, O. S.	<i>Marion.</i>
DEWEY, W. A.	BARBER, B. I.	SAWYER, C. E.
<i>Ashland.</i>	BRYANT, SUSANNAH L.	<i>Mt. Vernon.</i>
MOHN, D. L.	CARPENTER, W. B.	ARNDT, G. D.
<i>Bellefontaine.</i>	CLEMMER, J. W.	CONARD, C. K.
WILSON, J. H.	COLE, M. F.	EGGLESTON, E. R.
<i>Bryan.</i>	CONNELL, R. D.	<i>Nelsonville.</i>
KEISER, E. A.	FLETCHER, SARA E.	WELCH, C. E.
<i>Chagrin Falls.</i>	HUNT, J. B.	<i>Newark.</i>
CAMERON, G. D.	HUNT, M. P.	BALDWIN, WM. W.
<i>Coshocton.</i>	IRELAND, C. L.	MCCLURE, S. D.
STACY, S. H.	JACKSON, L. A.	<i>New Carlisle.</i>
<i>Cincinnati.</i>	KEISER, R. O.	COOK, J. H.
BUCK, J. D.	LEATHERMAN, J. H.	<i>Piqua.</i>
GEORGI, S. E.	NELLES, A. B.	COFFEEN, C. R.
GEOHEGAN, W. A.	RETH, C. H.	HETHERINGTON, C. E.
PAULY, C. A.	ROGERS, G. W.	<i>Portsmouth.</i>
PHILLIPS, LINCOLN	SCHULZE, C. A.	COOKE, CLARA E.
STEWART, T. M.	SHERMAN, S. M.	<i>Prospect.</i>
WALTON, C. E.	SILBERNAGEL, C. E.	LUNGER, J. S.
WIGGERS, H. H.	TERGARDEN, WM.	<i>North Platte, Neb.</i>
<i>College Hill.</i>	WAITE, H. C.	DENNIS, F. F.
KILGOUR, P. T.	WOODS, G. W.	<i>Sidney.</i>
<i>Cleveland.</i>	<i>Dayton.</i>	BEEBE, H. E.
BAXTER, H. H.	MURPHY, F. W.	REDDISH, A. W.
BECKWITH, D. H.	<i>Delaware.</i>	<i>Springfield.</i>
BIGGAR, H. F.	HALL, E. M.	GRANT, G. D.
CHAPMAN, HARRIET B.	PULFORD, W. H.	HADLEY, W. A. M.
FINK, F. W. D.	SMITH, H. M.	HOUSE, R. B.
HORNER, J. R.	<i>Fullertown.</i>	SMITH, A. B.
JONES, G. J.	LEE, F. C.	<i>Toledo.</i>
KRAFT, FRANK	<i>Granville.</i>	MAXWELL, L. K.
ROBINSON, R. DEWITT	COOK, E. P.	DEVILBISS, DR.
SOBEY, J. B.	<i>Indianapolis, Ind.</i>	<i>Troy.</i>
SPENCER, G. W.	CLARKE, W. B.	MEANS, J. W.
	<i>Lancaster.</i>	<i>Utica.</i>
	JUNKERMAN, C. F.	ELY, G. T.
	<i>Leipsic.</i>	<i>Westerville.</i>
	RUHL, H. C.	PATTERSON, A. M.

NECROLOGIST'S REPORT.

D. H. BECKWITH, M. D., Cleveland.

Mr. President and Members of the Homeopathic Medical Society of Ohio:

But few are left of the organizers of this Society, which took place in this city 39 years ago.

From its beginning our membership has slowly increased, while the death rate has remained about the same.

Since our last meeting, two years ago, six (6) of our members have died.

Of this number four (4) were veterans, Dr. Curtis, aged 78, Dr. Duncan, aged 77, Dr. Kinsell, 76, Dr. Scheble, 74, Dr. Gann, 53, Dr. House at 49.

This is not a great mortality for our Society, therefore, while we mourn for the departed ones, let us rejoice that Death has been lenient with us.

In the past two (2) years we have to record the death of a few great men, Richard Hughes, of London, Wm. Todd Helmuth, of New York, the great Surgeon, Timothy Allen, of New York, the great student and writer of *Materia Medica*, Selden H. Talcott, who ranked second to no other man in the world, in the treatment of the insane; Bushrod James, who was an annual attendant at the American Institute for over fifty (50) years, a writer and journalist of high repute. Martin Deschere, E. C. Price and others that I do not remember.

All those I have mentioned have written their names high on the scroll of honor, as pioneers, for the principles of Homeopathy as promulgated by Hahnemann.

May their memory ever be cherished by every progressive physician in the land.

M. M. SCHEBLE, M. D.

M. M. Scheble, M. D., of Ashley, Ohio, was born in Marion County, Ohio, 74 years ago. She was the pioneer of Homeopathy in her location. After her four children were grown to manhood, she adopted two others, friendless waifs. After they had been settled

in life, she became a student of medicine, at the age of 54. Matriculated at the Cleveland Homeopathic Hospital College. After three years of close application, received her degree, commenced the practice of medicine and devoted her whole time up to her death, which took place July 13th, 1901, from cerebral apoplexy. Among the poor she was nurse as well as physician, often remaining all night where no compensation was expected.

"She became a member of this Society in 1895. Her life work is finished, but the result cannot be estimated by sensible signs. Eternity will strike the balance and assign to her a suitable niche in the temple of noble women."

DR. HARVEY WILLARD CURTIS.

Dr. Harvey Willard Curtis was born at Charleston, Portage County, Ohio, February 22nd, 1824. Died at Chagrin Falls, Ohio, April 30th, 1902.

His early education was obtained in the common schools. In 1849 he commenced the study of medicine. November, 1850, he registered as Medical Student in the Western College of Homeopathy, Cleveland, Ohio.

May, 1851, he located in Pittsburg, Pa., and opened an office for the practice of Medicine and Surgery. His desire to return to his native State was so great that one year later he located at Chagrin Falls, Ohio, where he remained in active practice for about 50 years. Eighteen months before his death he retired from active professional work.

Dr. Curtis had many warm friends among his patrons, was a leading and respected citizen and took an active part for the progress and advancement of Chagrin Falls.

In the year 1867, the State Homeopathic Medical Society elected him an Honorary Member, being a tribute to him as a physician of high standing in the State of Ohio.

For many years he was the leading physician of Chagrin Falls, as well as the principal surgeon.

About twenty years ago the writer made a professional visit to Chagrin Falls; at that time not an old school doctor was a competency; therefore no one of that school practiced there.

I believe it was the only town in the state, and I venture to assert, the only one in the world of its population where Homeopathy held universal sway in the practice of Medicine and Surgery.

Doctor Curtis was an able speaker and well versed in the political topics of the age. He was born, reared and educated an abolitionist. During the reign of the fugitive slave law in 1850, the Western Reserve became a notorious resort for runaway slaves.

The home of Harvey W. Curtis was a noted resort, and was called the "Niggers' Tavern." Many a dark and stormy night he drove a wagon loaded with hay or straw to Ashtabula, where another private hotel was kept for run-away slaves, at which place from one to four negroes left the loaded wagon to seek other methods of conveyance towards Canada.

By the above kind of work he came in contact with such men as Joshua Giddings, Benjamin Wade, Lloyd Garrison, Wright, Foster and other abolitionists. These men often met at his home, where secret political meetings were held. With such environments, he became an ardent lover for the liberty and freedom of the negro.

At the age of 25 he was a political campaigner, a champion for the slaves. During his tour through the State he took with him a negro who had been a slave in the South, who occupied the platform with him.

In those days it required ability and courage to meet public opinion. His life was often threatened, but the threat he heeded not. He knew no fear and cared nothing for the southern slave holders who attacked him.

At the birth of the Republican party he was one of the first born in Cuyahoga County. He was ever loyal and true to his principles. His own town soon became Republican in politics and he extended his work to County and State organizations.

At the Republican convention held in Cleveland, Ohio, in 1869, he was nominated and later elected a member of the Legislature, and served his district for the period of six years, at each election securing a large majority over his political opponent.

In 1877 he was elected to the Senate and served in that body for two terms, being President of the Senate and Lieutenant Governor.

During his career as a politician and as an office holder he was true to his party and just to his constituents.

Cuyahoga County is indebted to Dr. Curtis for introducing and upholding in the Senate the bill for the prevention of cruelty to animals. If the dumb animals of Ohio could voice words, they would resolve many thanks to Dr. Curtis in securing the passage of the bill in the Senate that has been so effectual in lessening their suffering.

He served as a member of the School Board for 18 years.

For twenty years he was President of the Western Reserve Pioneer Association. His annual addresses were full of early historic incidents connected with the first settlers of the Reserve, intermingled with true stories that many were familiar with, which made the appearance of Dr. Curtis always welcome, and his re-election a certainty.

He died at the age of 77, and we trust his spirit is now in sweet communion with the early pioneers who did so much to relieve and better mankind.

THOMAS C. DUNCAN, M. D., Ph. D., LL. D.

Thomas C. Duncan, M. D., Ph. D., LL. D., of Chicago, Ill., graduated at the Hahnemann Medical College in 1886. Died of heart disease July 16th, 1902.

He was one of the old working veterans and was at the time of his death the best known physician in the State of Illinois.

For nearly fifty years he labored as a writer, teacher and practitioner for the advancement of Homeopathy.

He was elected an Honorary Member of this Society in May, 1881.

He has been an active member of the American Institute for the past 37 years.

As a writer he was well known, not only in his own country, but in foreign lands.

In 1870 he published *Essays on the Materia Medica*.

In 1878 he published *Essays on the Feeding of Infants*. This essay was later enlarged and published in book form, treating of diseases and their Homeopathic treatment.

In 1884 a book on Scarlet Fever and preventative treatment.

In 1888 he published a work on Domestic Homeopathy. He was editor of Burnett's Congenital Malformations.

Medical Investigator 1866-1874.

United States Medical Investigator 1875-1888.

His most important work was Diseases of the Heart.

For the past few years he was a specialist. How much his practice and study of this disease had to do with his death will never be solved.

He was the first president of the American Pedological Society.

He has occupied several different chairs in the different colleges of Chicago, resigning from the Dunham College a few months previous to his death.

But few men have done more for the advancement of Homeopathy than Dr. Duncan.

DENMAN R. KINSELL, M. D.

Denman R. Kinsell, M. D., was born in Delaware, Ohio, September 21, 1827. Died April, 1903.

He began the practice of medicine in Delaware, Ohio. In the year 1856 he moved to Columbus, where he has been in active practice for 47 years. Only a few weeks previous to his death was he compelled to give up the work he loved so well.

His education began in the Common Schools, thence to the Academy and to the Ohio Wesleyan University.

He was one of the first class numbering four (4) students to enter the institution.

In 1851 he was married to Miss Katherine Blymer, of Mansfield, Ohio. By this union thirteen (13) children were born.

He commenced the study of medicine in the office of Dr. Blymer, of Delaware, Ohio. His first course of lectures was at the Starling Medical College in Columbus.

In 1863 he matriculated at the Homeopathic Hospital College in Cleveland, graduating therefrom March, 1864.

He was one of the oldest physicians in Columbus and has had a very extensive clientage for many years.

He was elected a member of the State Homeopathic Medical Society in 1864.

In July, 1860, he was appointed physician in charge of the Ohio Penitentiary for the term of two years.

He lived an exemplary life, and in his death left behind him the rich heritage of general good will and affection.

He was a 33d degree Mason, a Shriner and Knight Templar.

He joined, as a junior member, September, 1851, the Ohio College of Homeopathic Physicians and Surgeons that held its first session at Dr. Coulter's office in Columbus.

As it will be interesting to know more of this early pioneer of Homeopathy, I call upon Dr. Hunt to make a few brief remarks relative to his professional and literary work.

JOHN A. GANN, A. M., M. D.

John A. Gann, A. M., M. D., died of cerebral hemorrhage in the morning of November 27th, 1902, having had an attack of apoplexy some months previous.

He retired the evening of the 26th feeling unusually well. Soon he was asleep, never to waken again in his earthly home.

He was a graduate of the Ohio Wesleyan University, being in the same class as Senator Foraker. After receiving the honors of the University, he accepted the superintendency of the common schools of Shelby, Ohio, devoting his leisure time to the study of medicine.

Later he matriculated at the Homeopathic Hospital College of Cleveland, graduating therefrom March, 1877. He also received from the Trustees the "Diploma of Honor" which was conferred upon the student who ranked highest in medical studies and correct deportment.

He soon located at Berea, but his ambition sought a larger field for action, selecting Wooster, Ohio, as a location desirable for his future work. He soon secured a large clientage and the reputation as a good citizen.

He was married in 1894 to Miss Anna Metz, who with two sons are left to mourn a model husband and loving father.

It was my good fortune to know him as a student, as a member

of the American Institute of Homeopathy, as President of the Homeopathic Medical Society of Ohio held in Cleveland in 1890, where he gained honors as a presiding officer. I knew him as a teacher in a Medical College, also as an arbiter when both factions of the College called upon him to aid them in preventing their dissolution. He was a peacemaker, but he could not quiet the discord of an ambitious college element. His relations with all physicians were friendly and honorable. All persons that differed with him, believed him just in his decisions.

He was a knightly gentleman, was loved, admired and respected by all who knew him. As a clear, concise debater he had no superior in this Society, of which he became a member in 1877, and was a regular attendant until his health failed him.

His papers were always interesting, instructive, concise and practical. With his brilliant intellect he possessed the faculty of common sense.

As chairman of the different bureaux in this Society, he selected members who rarely failed to make good reports.

Only a few days before his death he wrote me saying "I hope soon to be my old self again. I can write better than at any time during the past year and feel that ere long I shall be able to resume all my work." At my request he sent me the address he delivered at the College Commencement held March 23d, 1891, which was published in the Reporter as College History.

The address was clothed in such beautiful language, and so full of good advice and cheer for the young doctors, so pure in thought, so Homeopathic in its principles, that I deemed it well worthy of publication.

Dr. Gann was noted for sending more students to the Homeopathic College than any other physician in Ohio. These young men were above the average in their examinations. Therefore, with early moral training should have taken an honorable position in the medical profession.

Dr. Gann's enthusiastic ardor, his genial face, made him friends with all who came in personal contact with him.

He had a psychological power that but few men possessed. He kept up with the times. He believed in medical societies. He be-

came a member of National, State and local organizations. He did not confine himself to any particular society, for we find him registered among the Odd Fellows, Red Men, Knights of Pythias, Royal Arcanum, Chosen Friends, Knights of Labor, Epworth League, Century Club and Methodist Episcopal Church.

Most, if not all, of the above organizations sent floral tributes of love to his home after his death.

The spiritual, religious and moral life of Wooster lost a champion in his death.

His whole life stood for those things that were good, elevating and noble. His home we cannot enter for it is too sacred.

For the past two years of his life death had set its seal upon him, yet he stood ready to meet him at any time.

I can assure every member of this Society that the medical profession has need of such a man. Our loss is great, yet we trust that someone will rise to take his place amongst us.

To bid him goodbye is to wrench the heart strings of a manly love. Ever shall the record of his life stand as a shining example as the best of physicians. Ever shall be his work an inspiration to those of us who remain behind.

The simple story of his life would be his greatest eulogy.

CHARLES EVERETT HOUSE, M. D.

Charles Everett House, M. D., was born in Danbury, Thomkins County, New York, September 21st, 1853, and died October, 1902, from congestion of the lungs as the secondary cause. The primary cause was enlargement of the ventricles of the heart.

His primary education was obtained in the public schools. He then entered the Academy at Ithica, New York, where he finished his literary course.

He then engaged in the teaching of the common schools and there formed the basis for the preliminary training for his future profession.

In October, 1879, he matriculated in the Cleveland Homeopathic Hospital College, graduating therefrom March 7th, 1882.

He soon located as a general practitioner of medicine in Doylestown, Ohio, remaining there four years. May 20, 1866, he resolved

to take a partner, thereby increasing his reputation as a physician and as a citizen, by selecting Miss Ada Byron Armstrong, who still survives her husband. Soon after the marriage he removed to Canton, Ohio, where he remained until his death, which came October 7th, 1902.

Canton was a beautiful city and contained a thrifty and prosperous people, uneducated in the principles and practice of Homeopathy. Therefore, it was a hard field for the young ambitious doctor to establish himself in the new school of medicine in a city and surrounding country where the dominant school of medicine predominated.

Dr. House possessed energy, ability and perseverance, which qualifications soon gave him prominence in society and in his profession.

Dr. House was a friend to the poor; his skill and services were always at their disposal. He took great interest in the welfare and education of young men, and for several years was an active Trustee in the Young Men's Christian Association.

In 1891 he was unanimously elected President of the organization. In honor of their President, the building was closed for two days. Only a just tribute to so good and faithful worker, whose Christian life will long be held with kind remembrances by those members who so deeply mourn his loss. October 12th a memorial service was held, attended by the best citizens of Canton.

Thirty physicians, on the evening of his death, met at the City Hall to take action on the death of their beloved and respected friend. It was resolved that they would attend the funeral in a body. That act was a noble one to their dead brother, and may each and all of this Society when death calls us be worthy of so noble a tribute.

He loved his profession, he loved the honor he gained in it, he loved the city and the people, for he was a representative citizen in their midst. He loved his church for the good it did to the poor in his own city. He loved this Society, as it enabled him to keep in touch with the progress of medicine. He loved the cordial greetings of his many friends and co-laborers. He loved the discussions

in these annual gatherings, for they were food and drink to his ambition to keep in the foremost rank of his profession.

He was a member of the American Institute of Homeopathy, a prominent member of the Eastern Ohio Homeopathic Society, a member of the Board of Censors of his "Alma Mater." He was President of the Alumni Association of the Cleveland Homeopathic College. He was also a member of the Knights of Pythias and the Independent Order of Odd Fellows.

For several years Dr. House was aware that he had organic disease of the heart, and that death was not far distant, yet he faltered not in the work of his profession.

"Cut off in his prime, with his work undone, we can but feel that his life was all too short, but measured by his achievements, by his place in the hearts of the people, by the good deeds and noble sacrifices, which were his, life was full and well done."

The report of the Necrologist accepted and ordered filed.

Dr. Hunt: Dr. Kinsell was loved and respected by all in the City of Columbus, especially his patrons. He was respected by the members of the opposing school of medicine in late years, although in the earlier years of his practice he was fought much more bitterly than the Homeopaths are today by the old school. He was appointed in 1860 as physician to the Ohio Penitentiary. I think this was the first state appointment that any Homeopath had received up to that time in this state. The opposition to Dr. Kinsell's appointment was very bitter, of course, and after he had taken his place in the penitentiary as physician, there was an effort made by the "regular" school of medicine to depose him. At the meeting of the Legislature an investigation committee was appointed consisting of members of both House and Senate. At this meeting a number of questions were asked Dr. Kinsell in regard to his method of practice while in the penitentiary and substantially he answered those questions in the following words:

1. I believe as firmly in the truth of the law which is expressed in "similia similibus curanter" as I believe in the law of gravitation.

2. That the three cardinal principles are acknowledged by all Homeopaths. (a) Proving of medicines on the healthy in

order to establish a therapeutic law; (b) The administration of medicines according to the therapeutic action expressed in the words "similia similibus curanter." (c) The administration of the proven remedies according to those methods singly and alone.

3. I do not believe in the efficacy of the so-called high dilutions. (I think, however, he changed his mind in regard to high dilutions later on in his life, for I have personal knowledge that he used the higher potencies, and used them frequently in his office practice).

4. That every bed patient was treated Homeopathically in the hospital of the penitentiary.

And further on in this report we find that in the six months' time, from August, 1860, to February, 1861, he treated 34 cases of typhoid fever, 5 cases of pneumonia, 7 cases of bronchitis, 2 of pleuritis, 4 of diphtheria, 9 of acute rheumatism, 13 of erysipelas, 1 of variola and 1 of varioloid. Of these there was one death from pneumonia. There was one death from abscess of the brain from gun shot wound. There was one death from septic peritonitis; one case of consumption proved fatal and one patient was dying when admitted. Altogether this makes a good report for Dr. Kinsell and for Homeopathy in the Ohio penitentiary.

It is hardly necessary to say that his administration was not further interfered with.

PRESIDENT'S ADDRESS.

THOS. M. STEWART, M. D., Cincinnati.

Members of the Homeopathic Medical Society of Ohio:

Through your suffrage we are permitted to enjoy the highest honor that is within your gift. Mingled with deep appreciation of the compliment you conferred at our last meeting in May, 1901, we were apprehensive lest the responsibilities, which fall to your presiding officer, would be beyond his full control. Trusting to that generous sympathy and aid, which have been extended to all former Presidents, we wish to thank you for the indulgence you have given to us, and upon which we shall continue to rely.

We feel that our predecessors have well filled their duty in recommending changes or making new suggestions with regard to the welfare of our Society. Each administration is very largely an individual matter, and your President therefore prefers to let well enough alone. Should anyone, however, feel that change or changes, great or small, in our present methods are a necessity, a resolution embodying such change may be submitted for the consideration of the Society.

The thirty-seventh annual session held in 1901 in this, our State Capital City, was a most successful one. The members present numbered about one hundred, and both the papers presented and the discussions that followed were of a splendid order.

As a matter for record we may mention here that by postal card vote, the 1902 meeting of the Homeopathic Medical Society of Ohio was postponed one year. The officers elected in 1901 therefore have continued in office. This postponement was in compliance with the custom of other State Societies whenever the American Institute of Homeopathy met within their borders.

The only matter of general interest during the interim was the passage of the Osteopathic Medical Law in 1901. Your committee on Medical Legislation had the matter in charge, so far as Homeopathic interests were concerned, and in conjunction with the Ohio State Medical Society, endeavored to have the Osteopathic law harmonize with the present medical law of Ohio, but without effect.

Your Legislative Committee, with the help of some of our members, rendered valuable assistance in the endeavor to secure uniformity, in the latest medical enactment, with the law then in force. We cannot reward their labors in any so-called substantial manner, but we can, and do hereby, express our appreciation for their labor and the time devoted to interests not directly their own.

It is not an easy matter to choose a topic for an address to this assembly of physicians. The herculean task of reviewing the salient points in medical progress has long since passed out of the pale of these annual addresses. The monthly journals, and the papers and discussions presented at these annual meetings, cover the ground of progress in all departments of medicine.

There is one topic at the present time which it is necessary for us as a Society to consider. Because as a school we have already declared our position in regard to the American Institute of Homeopathy; and because it is the most important factor now at work in the evolution of medicine. We refer to the laws enacted by various states to regulate medical education and medical practice.

The first element to consider is the growth of medical education itself. This leads to the legislation already enacted, and both of these factors are leading up to changes yet undetermined.

Most of the medical colleges in this country are largely private in their nature. From these private colleges a few have developed to such an extent as to be no longer classed as such. These are the strictly medical departments of universities, in fact as well as name.

The course of instruction was at first two years, as late as fifteen years ago; later it was advanced to three years, and now it is four. Even during the first years, of the three-year course, the students listened to the same lectures for three years in succession; and as a stepping stone to the four-year course we have had the graded three-year course of study.

Laboratory work was first necessary in anatomy; then came chemistry; added expense was demanded by the necessity for microscopic teaching in histology and pathology. At first the demonstrations were simple, but the evolutionary forces soon made it apparent that the student must do this work for himself. Later discoveries increased the demands upon the funds of institutions, and more workers were added to the laboratory staff upon the advent of bacteriology into the medical arena. Physiological chemistry and embryology then claimed a share of laboratory work. All of this demonstrative work lead to changes in the teachings in other departments, to meet the demand for as much manual training and object lesson teaching as it was possible to give.

New difficulties arose because the requirements for entrance to medical colleges were low, and the student was found deficient in the principles of chemistry, physics and biology, so that this serious handicap had to be met and overcome. Therefore these subjects had to be taught by the medical colleges. All of which meant

considerable more expense than most institutions could afford, so at various points along the line of the foregoing evolution we find the merging of the medical college with the university. The standards for entrance to the university being already high, the natural effect has been to direct the medical mind toward the raising of the standard of entrance to the medical college. For, so long as the standards differed in the different medical colleges of the different states, the majority of students sought the easiest way to enter upon their studies. This was a minor element in the legislation that followed later.

Owing to the existence of "Diploma Mills," so called, first one State, then another, followed with laws to regulate the medical college from the entrance examination of the student, the number of hours work in all departments, and finally the right to practice in the borders of the State of his choice.

Hence, of late, medical colleges have found their classes to be somewhat reduced, but with more than corresponding increase in the quality of the material seeking the medical degree. With the passage of time the prospective medical student will prepare himself before entering medical college, and come with a high school diploma, and as the entrance requirements advance he will later come with a bachelor's degree from a recognized university.

That the entrance requirements will be advanced we can cite the Michigan requirements in effect on and after July 1, 1902. In order that the medical diploma shall have any weight with the Michigan board the minimum standard of preliminary education requires all that the Ohio law at present demands, and in addition, General History; the Calculus of Radicals and Quadratic Equations; Plane and Solid Geometry; Plane Trigonometry; General Biology; and a reading knowledge of German and French. That the tendency is to advance the entrance requirements to medical colleges, and to make a high standard a necessary qualification to enter the examinations for the right to practice in the State of the student's choice, we point you to the July 25, 1902, number of the most excellent "Virginia Medical Semi-Monthly," to an article entitled, "What Can be Done to Regulate (limit) the Number of Young Men Studying Medicine," by R. D. Martin, M. D., Presi-

dent of the Medical Society of Virginia; Secretary Virginia State Board of Medical Examiners:

The clear-sighted author begins his paper as follows:

"If it is the desire of the medical profession to maintain the progressive spirit which has been manifested in the last fifteen or twenty years in the advancement of medical science, in the educational requirements of her graduates, and to place us where we justly belong, in the lead of all professions, then it seems to me time to call a halt in the production of Doctors."

"Most of us admit that 6,000 physicians graduated annually are too many for the United States. The quantity is too great, and the quality, in most cases, needs improvement."

The author then shows that medical examining boards have been the means of elevating the standard of medical education to its present status; and proceeds to demonstrate that "it is the desire of the regular medical profession to maintain" the present progressive spirit and high standards.

He, therefore, submitted to leading physicians the following question: "What if anything should or could be done to regulate (limit) the number of young men studying medicine?"

Replies were received, advocating raising the standard of entrance requirements, and enforcing rigid State examinations for the right to practice, from, Dr. John A. Wyeth, President A. M. A.; Dr. Geo. H. Simmons, Secretary, A. M. S.; Dr. N. R. Coleman, President of the National Confederation of State Medical Examining and Licensing Boards; Dr. W. L. Rodman, of Philadelphia, Pa., who has given a special study to the question of State and National Medical Laws; Dr. L. F. Barker, of the University of Chicago, and many others. A few dodged the question and said: "Educate the general practitioner to discourage all but those who have a good preliminary education."

From the activity of many of the Medical Boards we are quite sure the line of future action has been marked out. Very soon those States having no laws regulating medical education will be compelled to adopt measures similar to their sister States; their pride alone will compel this necessary action. It will be the work of a few men who are in touch with the American Medical Association

and the American Medical College Association, or who are familiar with the high standards of the Inter-Collegiate Committee of the American Institute of Homeopathy, who will invoke the powers to aid in this necessary work. Very soon physicians themselves will demand their own tardy State to take action, because the reciprocity clauses now being considered will make such action highly desirable, and when the colleges in States having no modern medical law see this, they, too, will swing in line.

You may ask, "What does the Homeopathic profession have to say" upon the points just considered? In the foregoing we have said "as a school of medicine Homeopathy has already declared its position through the American Institute of Homeopathy" in regard to medical education and high standards for entrance, graduation, etc.

We have prided ourselves upon the advanced stand taken by the American Institute upon these questions, and that its requirements are obligatory upon *all* Homeopathic colleges.

REQUIREMENTS OF THE A. I. OF H. FROM ALL HOMEOPATHIC COLLEGES.

1884—Preliminary examination of all matriculates.

1888—Three full courses of lectures, of six months each in duration, and in three separate years, to be required after 1891. (In 1895 but 12 per cent. of the whole number of colleges in other schools required such extended instruction).

1889—Advocacy of the enactment of a general law for U. S. operative upon all colleges alike, fixing the time of student registration, time of study, number and duration of lecture courses, condition of graduation, and the granting of certificates indicating that the law had been complied with. This law is designed to also take the license and diploma granting power out of the hands of the college faculties, and lodge it in the hands of the State Boards, composed of the profession at large, elected to their position by the State organization of their respective school, no member of such board to be connected with a medical college. The law to also provide that the diploma granted by any such board shall be accepted by any other board in the country, without further examination.

1891—Four years of study required. Three of which shall be in a medical school, each medical course to be of not less than six months duration and in separate years.

1894—Four courses of lectures of six months duration each, in four separate years. Effective in 1895.

1899—Course increased from six to seven months each, and four courses, in four separate years to be required of all Homeopathic students.

1900—Resolution—Urging State Examining and Registration Boards to aid in the higher Medical Education. And also urging the medical profession to make every effort to secure a National Law operative upon all schools alike in exacting a uniform minimum curriculum of study, and a uniform time of study.

1900—Minimum preliminary requirements for Entrance Examinations.

1. English composition.
2. Mathematics.
3. Geography.
4. General History.
5. Latin and Grammar, including four books of Cæsar.
6. Medical Terminology and Etymology.
7. Logic.
8. Free Hand Drawing.
9. Physics.
10. Organic and Inorganic Chemistry.
11. Biology.
12. Embryology.
13. Botany and Zoology.

Students failing to pass in the last five topics were allowed one year in which to make up the deficiency.

1901—During the last decade the curricula of the Homeopathic Colleges in this country has been greatly broadened along technical lines, imposing upon the student much study and research, the utility of which in many respects may be questioned as constituting an essential feature of medical college

work. Much that is now taught is really preliminary and would be better considered as a prerequisite to the student's admission to the medical college course. It is the belief of this committee that a four years' course in medicine is quite sufficient for all practical purposes, provided that the instruction given therein is confined to legitimate medical training. The committee suggest that the standard of preliminary education for students seeking entrance to our colleges should be raised to meet the requirements of a liberal education with a view to enabling medical students to enter at once upon an intelligent investigation of medical literature.

From the foregoing we can see that progress in medical education is being made, and that we may look for further developments along the lines alluded to. In time the vexed question, regarding reciprocity among the various State medical examining boards will be solved.

During the transition period many an injustice will doubtless be done, but while this is to be regretted, nevertheless such seems to be the necessity, as past experience abundantly proves.

The rank and file of the medical profession desire that a license granted by any State Board of Examiners be recognized by any and all other State Examining Boards.

This cannot be done because there is a woeful lack of uniformity in the requirements of the different State Boards. Harmony in this direction will come later.

Meanwhile it is our opinion that the minimum requirements of Colleges in the State of Ohio should be the equal of the minimum requirements of any and all other States.

The colleges will soon profit by the changes now being enacted, and from the improved material furnished to them, a sturdy stock will be provided to deal with the medical questions of the future. All of which will redound to the greater good of humanity.

MEDICAL UNITY.

Much discussion has arisen of late upon that perennial topic; viz.: "The union of the various schools of medicine." We need not cite the many articles that have appeared in the journals during the

last two years touching upon this point, nor the recent change in the by-laws of the American Medical Association, permitting all physicians to become members, who will agree to practice non-sectarian medicine.

According to some circular letters sent out by the Secretary of a county society, affiliated with the American Medical Association, "sectarian medicine is held to be the exploiting of the so-called 'schools' for professional popularity or personal gain, and not to the kind of medicine used, nor the theory of its action." It is easy to see that this does not refer to the Homeopathic school, because the theory of action of our medicines based on the law of cure, demonstrated by Hahnemann, is the only basis of our existence as a school.

Therefore we are non-sectarian within the meaning of the paragraph quoted you from the circular in question.

This question is so closely related to the future of Homeopathy and the improvement of our *Materia Medica*, to merit brief consideration on this occasion. Work is needed in this latter direction, a work in which every single one of us can and should have a part. The number of workers engaged in reprovings will necessarily be limited, but those engaged in reconfirmations need be limited only by the number of Homeopathic practitioners.

There are other lines of work, too, in which many of us can engage, viz.: Undertaking a scientific study of the range and application of *similia* in the cure of disease. Contrary to the general view, this work has not been done to the entire satisfaction of those best qualified to speak from the Homeopathic standpoint.

In hastening on to make our points clear upon these matters, we shall not dilate upon the defective construction and improper classification of the records of drug provings. You are quite well aware of the laborious, and often fruitless work, necessary to the selection of the remedy. It seems that the effort to correct the error of prescribing for the name of a disease, has opened up almost as great an error in that of treating symptoms *only*.

— Lest we be misunderstood, a broken arm will give quite an array of symptoms, but no Homeopathic physician would think solely of prescribing a drug in such a condition, *if he knew* the arm

were broken. Careful examination and diagnosis are necessary, if we follow the dictum of the organon, to find out what is to be cured in the patient; as well as for us to have our statistics of cure, based upon the present day classification by name accepted.

Paine, of Atlanta, Ga., gives us this idea: "The natural grouping of symptoms should be preserved, instead of breaking up the provings, so as to represent only or mainly individual symptoms by organs." In brief he would have us know from the natural grouping of symptoms in provings, the belladonna Pharyngitis; the mercurious Pharyngitis; the phosphorous Pneumonia; the bryonia Pneumonia, etc.

While some of the methods used in drug proving and drug classification have been proved faulty, a very large proportion of our Materia Medica is an established fact: *This shows the soundness of the underlying principle.*

Clinical confirmation of the efficacy of drugs prescribed Homeopathically are needed as much today as at any time in the past. From this source the working value of the Materia Medica can be greatly improved. All can help in this work and all will benefit thereby. Fill the journals full of accurately diagnosed cases, with carefully made confirmations of our drugs, and those indefatigable workers who furnish us our books will arrange the matter suitable for study and reference. But this is not enough.

Careful records of the clinical history and symptoms of cases should, whenever possible, be compared with the post-mortem findings, so that we may better understand the symptoms as voiced by the underlying pathology. This is necessary to harmonize the varied symptoms arising from similar lesions, as against varied lesions producing similar symptoms. Diagnosis and pathology are linked together by an indissoluble bond.

Where are the records by which we can compare the clinical picture with the post-mortem findings?

Where are the records of 1,000 cases of pneumonia, 1,000 cases of pleurisy, 1,000 cases of diphtheria, treated Homeopathically, to prove the value of Homeopathic treatment?

Individually, we are no doubt, quite certain that our personal experience corroborates the general view of Homeopaths, that,

under Homeopathic treatment disease runs a more favorable course and that the mortality rate is less.

But where are the collated facts to enable others to judge for themselves?

There are some tables of statistics begun in Vienna many years ago and to which we have made spasmodic additions from time to time.

But in an age of science we must conform to scientific methods in order that our conclusions may be properly valued. We cannot prove our claims until we shall, year after year, exhibit the facts on a scientific basis.

The labors of the bacteriologists have widened our view. While they may not have given us a positive cure for tuberculosis, cholera, diphtheria, bubonic plague, tetanus, anthrax, malaria, typhoid and yellow fever, they have paved the way toward the prevention of these maladies. Drugging has thus been forced aside.

The wonderful progress in surgery, and in mechanical, hydro-and-electro-therapeutics enlists far more attention than does the study of pure *Materia Medica*.

Thus we see many forces at work shaping the newer therapeutics, nevertheless, it is the duty of the Homeopathic school to as clearly outline the range and application of their *Materia Medica*, as investigations in other departments may outline other means for the prevention and cure of disease.

The report of the medical board of the Massachusetts Homeopathic Hospital conclusively shows that "Our hospitals should furnish the data for handling in a scientific manner the question of the superiority of Homeopathy over other methods of practice. Because of the purely relative value of percentages as embodied in statistics, each class of disease should be averaged separately. This means a much larger number of cases of each kind as a basis for calculation. Again, statistical material from Homeopathic hospitals alone would not be sufficient because comparison with other hospitals of other schools is necessary in the purely scientific study we advocate. Let our hospitals begin this work for this definite purpose and other hospitals will do likewise.

"In addition to the usual data in hospital records, which includes number of the case; its hospital number; date of admission; name of patient; age; sex; nationality; occupation; diagnosis; days under treatment; date of discharge from the hospital; condition of patient at the time of discharge; the chief remedies used; name of physician in charge and general remarks; there should be a date showing the duration of the disease before treatment in the hospital in question; duration of hospital treatment; date of first improvement; duration of treatment after improvement first begun."

"The duties of our hospital clinical clerks are therefore most important ones, in view of the fact, that, so much accurate detail work would be required to collect these valuable facts, collate them, and to elaborate the material. Thus a period of five or ten years would elapse before these records would be sufficiently complete for the use to which they would be put. This is work for the future, and it is like unto building a solid foundation for a most imposing superstructure. Money is needed to carry on this work, and endowments for pursuing the work should appeal to men and women of means fully as much as do the other needs of hospitals."

"Couple with this the re-proving of our *Materia Medica* along the lines already mapped out by Dr. Herbert Bellows, and his co-workers of the American Homeopathic Ophthalmological and Otolaryngological Society, we shall erect a monument to the progress of medicine that shall sweep away any difference of opinion, and carry us a long way toward overcoming the present dividing wall, "built as it is of tradition and prejudice, cemented with the elements of personality, tinged with the desire for victory."

Belief will give way to demonstration, emphasis will then come upon that which we hold in common with all medical men, and the two questions of what "we know" and "what we can do" will place the matter of a united profession in a new light before us all.

REPORT OF THE COMMITTEE ON MEDICAL LEGISLATION.

FRANK KRAFT, M. D., Cleveland, Chairman.

The report of your committee is likely to be a brief, and doubtless a personal, exposition of the subject.

As was stated in my report last year, it would be an easy matter to spoil a number of pages of good, clean white paper with an exploitation of personal views on Medical Education in general, especially if we take the broad, and indeed boundless subject of education as it refers to the approaches of medicine; and then, complete the work, if there could be a completion of so important a topic, by entering the medical school room, with its almost illimitable modern adjuncts, and follow to the end of the prescribed course, to say naught, or but little, of that greater school, indeed the real school of medicine — Practical, Professional Life.

I am reminded at this point of a most valuable paper on this same subject by Dr. Frank Billings, of Chicago, to the recent session of the American Medical Association. Dr. Billings has covered the ground in such excellent manner that were it permissible, I would embody that paper in my report, not forgetting to give credit, and let the matter rest at that point (This paper is published in the May 9th issue of "American Medicine").

But, in brief, Dr. Billings says that his association was organized primarily, if not wholly, to raise the standard of medical education. This reads suspiciously similar to the claims of the Founders of the American Institute of Homeopathy.

He presents an eloquent resume of the success which has attended the efforts of the American Medical Association, but complains that there are still too many medical colleges—referring with a tarred stick to what he designates as "Proprietary Medical Schools." This, as he points out, was the supreme trouble as early as 1850, and it still so continues. He points out the exceeding costliness of educating a modern medical student, and very naturally wonders how this item is met; leaving it, however, to the imagination to supply the answer.

His second point is one which, very naturally, grows out of the first, to-wit., the over-production of medical men. He intimates in correction of this fault, that the present stringent regulations of the various State Medical Examination and Registration Boards will, in time, so decrease the number of new men, that those already in possession of the Medical Field of the Cloth of Gold may continue in undismayed possession to a green and happy old age.

And here I present my first question: Are we, as a liberal, educated and progressive profession, doing just the proper thing in making or upholding these rigorous pre-matriculation laws? It has always seemed to me that when the great State of Ohio grants papers of incorporation of an honorable body of men, with one hand, and with the other beats them down; in other words, invites a visit to its backyard for recreative, or any other pleasant purpose, and then threatens to break your back if you come, is—well, inconsistent, to say the least.

The State Board of Ohio, which I premise by saying I am not criticising, for I know their value collectively and individually, is simply carrying out that law which they have been placed in power to enforce. But on what hypothesis can we proceed if we claim to be honorable men, a learned profession and law abiding citizens, when our inherent and inalienable rights to conduct our medical colleges is taken from us and given to an entirely foreign body of instructors?

The general fairness of the motive is not questioned—to get an impartial jury to try the matriculant. But is the severity practiced necessary? May it not be overdone? I am told that medical matriculations in Ohio are falling off. This present Spring class being the last under the Exemption Clause, a very grave question confronts us.

I know the contention that this process will bring none but educated applicants to our benches, and at once the world-wide question is launched whether book-learning is really as valuable as its pedagogical professors claim; whether it is the book or the man behind the book that makes the best citizen. I daresay I am not the only grey head present who, if it had been a matter of algebra, latin, and a few other of these very essential adjuncts in

the treatment of fevers, headaches and appendicitises, when we matriculated, the profession would never have known our names, and we would have been mute, inglorious millions, or real estate dealers and commercial men with an ability to write a check with five or six figures. And, possibly, that might have been a good thing to the professors, and perhaps also not.

That human nature is human nature, and blood is thicker than water, goes without a blue-point, but it does seem to me that the inconsistency—let us call it by that name—could be clearly obviated by either overhauling our medical colleges, putting them upon honor; or, if not that, then appoint an Inspector of Medical Schools, as was recommended to the American Institute of Homeopathy at Cleveland, O., last year, and has been done by the Board of Regents of New York. By this means the schools could be kept in the front rank of uplifted standard without presenting to the laity—our patrons—the anomalous sight of calling the profession untrustworthy, false and irresponsible, and, hence, delegating the matriculation examination to an alien educational arm, and subsequently ignoring everything that college does except the nominal possession of a diploma.

My second, and concluding point, is the education in Homeopathy of the masses. Any careful student of the Homeopathic policy of today has noted—he cannot have failed to have noticed—that Homeopathy, per se., is perhaps one of the least understood of public propositions. Confess, you gentlemen with a large clientele, that the majority of your people know nothing of the inherent merits of your doctrine, of cure. They know that we give little—some say no—medicine, that we are adepts in dietetics and general hygiene; that we have unusual success with our patients, but of Homeopathy they know nothing. Is not this true, and pity, too, that it is true.

The American Institute of Homeopathy at Cleveland, recognizing this general ignorance, adopted the plan of sending 1,000 circulars to 1,000 daily newspapers; but as newspapers do not print themselves for their health sakes, and the necessary funds for advertisement rates not accompanying, I question whether very many

of these 1,000 circulars felt the imprint of cold type. I have nowhere seen a copy so far.

England has always had a great fancy for tracts; but these have never helped us in America very much; we have too many papers to read beside. Now it happens that a little Homeopathic coterie of nine members in Fort Wayne, Ind., has hit upon a system of introducing Homeopathy to the laity, which is really marvellous, considering its simplicity, its directness and undoubted merit.

A year ago Dr. E. P. Banning, formerly a Cleveland man, hit upon the idea of inviting the laity to a public function with music and flowers and dress suited ushers, etc., and inviting Homeopathic celebrities from elsewhere to fill out the principal parts. Last year the piece de resistance was our genial brother, editor and fellow member, Dr. W. A. Dewey, who gave them a popular lecture on Homeopathy, which filled the Opera House with the best people, and in that way served to call direct attention to Homeopathy. This year, the same indefatigable worker, Dr. Banning, had President Cobb, of the American Institute of Homeopathy, and followed this with a banquet of Homeopathic toasts. The result in each instance has been that these nine Homeopaths have filled several columns in their next morning's papers with the successful meetings, and have interested besides, the medical journals far and near.

That, it seems to me, is an idea worth taking home, and considering; and it far outweighs the free advertising bid of the Institute, or any other medical body.

Finally, I will admit that there is no doubt of the exceeding great value which the Board's action has had upon our Colleges. I am ready to give them every applause for what they have accomplished, and I happen to know that each member of our State Board construes the law with patient care and judgment, and does not delight in cutting too sharply into the medical output. I merely plead for a return of our birthright; a right to attend to our own business, upon business principles; in short, the medical college should not be outlawed.

Dr. Walton: I would like to call attention to one thing that Dr. Kraft did not quote in Dr. Billings' article. He says that med-

icine has only two remedies of known therapeutic value; mercury for syphilis and quinine for fever. I presume that is another reason why the Homeopath should renounce his allegiance to Hahnemann and join with them in their so-called scientific societies.

Dr. Baxter: One point in Dr. Kraft's report, I think, we should give more than a passing notice, viz.: his reference to the medical legislation repressing or suppressing in a measure, production of medical practitioners. I think we all know that the original purpose of medical legislation was and is to decrease the number of medical men in this country. It is well for us to consider this point and its relation to the extension of Homeopathy throughout the country. The old school dominate in number and power because at every cross roads in the country, and in every outlying district in cities and towns, you will find one or more practitioners of their school. Not only so, but the cities and larger towns are full of them. In fact, notwithstanding the Federal, State and Municipal patronage which they command, they have more men than they know what to do with; more than can earn a living, legitimately, in medicine. How is it with Homeopathy? Quite the contrary conditions exist. There are whole counties in this State in which there are no Homeopathic physicians. Others in which there is only one. There are large districts which are insufficiently supplied with Homeopathic physicians. Every year, when we graduate one from our colleges, we could furnish good locations for two or three. What is to be the effect of this repressive legislation on the advance of Homeopathy? Here is food for thought for every member of this Society. I believe we have given this subject far too little attention.

Dr. Biggar: The report of Dr. Kraft is excellent; it embraces some vital issues, which are paramount at this particular time, and I heartily endorse the remarks of Dr. Baxter. The Medical Board has accomplished very much, and the members of the Board must be conscious of the fact that they have materially advanced the cause of Medical Education, and we, as physicians, should assist them in carrying on their arduous work. There is one point in this report of Dr. Kraft which we must certainly give thought, and that is, in reference to the decrease of Homeopathic physicians in the United States. Is this true? And if so, why the decrease? On the

authority of Boericke and Tafel, in the last ten years, their register of Homeopathic physicians has not been increased. It is stated upon good authority, that the aggregate number of students attending the old school colleges last year has increased. However, a few have not, for the Rush Medical College three years ago had over 900 students; this year only 700. The reason assigned for this is that the standard has been raised and the fees increased. It is stated by a member of the faculty of Rush College that the 200 are attending the colleges that are not so exacting in requirements and are not so expensive. Notwithstanding this, the Old School and Eclectics have increased the number of students, while the Homeopathic has lost nearly one per cent. It is quite necessary that we enquire into the cause and find out why the decrease. Dr. Baxter has called proper attention to the matter, and it is a warning for us to investigate.

Another important point in Dr. Kraft's report is in regard to the evangelistic work which is now being inaugurated. An effort is now being made by a number of physicians, not college men, to suggest plans which will divert moneys for the advancement of Homeopathic institutions, moneys which are now or have been given to the old school. The object of this committee is to formulate some plan which will be acceptable to the entire Homeopathic profession. It is not an Institute, nor is it a State Society matter; but a self-constituted committee to investigate and gather ideas from all sources, including the educators, college men and the general practitioner, for the purpose of advancing Homeopathy. The committee is composed of ten prominent Homeopathic physicians, and it will probably enlarge the scope of usefulness as originally intended, that is in the diverting of moneys from the rich donors to the old colleges and laboratories by fostering and encouraging the evangelistic work and carefully considering all of the vital questions that will come up from time to time. We, as Homeopathic physicians, years ago, were belittled and ridiculed by the old school because we were not anatomists or surgeons. For years we have proved that we are the equal of any anatomists and the superior as surgeons. The pendulum has swung in the direction of surgery

too far, but is now returning to the *Materia Medica* point—we were in danger of neglecting or forgetting our *Materia Medica* and worshipping false gods. Dr. Kraft may have different ideas from me in respect to the good accomplished through Sharp's Tracts, but we must not forget that in England they have made many converts. English pharmacists assert that Sharp's Tracts were wonderful helps in introducing Homeopathy among the people. The nobility as well as the middle classes read these tracts and became converts to Homeopathy.

Dr. Beckwith: I have been delighted with Dr. Kraft's paper. The principal part of the paper is right to the point. As to the remarks of the last speaker, I cannot endorse, and beg leave to correct some statements.

I know not nor care not what Boericke and Tafel may have said about Homeopathic physicians decreasing, but I do know what we are doing in Cleveland. The old school colleges graduated less students this year; while the Cleveland Homeopathic Medical College graduated a class of forty. These students were better educated, better trained, better versed in *Materia Medica* than any previous class that has heretofore graduated.

I say again, that in our city, Homeopathy is increasing, and will continue to increase so long as we have a progressive Homeopathic College in Cleveland, conducted as it has been for the past few years.

BUREAU REPORTS.

BUREAU OF ANATOMY, PHYSIOLOGY AND PATHOLOGY.

LINCOLN PHILLIPS, M. D., Chairman,	- - - - -	Cincinnati.
"What are the Physiological Effects Produced by the X-Ray?"		
G. D. CAMERON, M. D.	- - - - -	Chagrin Falls.
'Law and Life.'		
G. B. HAGGART, M. D.,	- - - - -	Alliance.
"The Pathology of Immunity—One of the Several Homeopathic Phenomena."		

LAW AND LIFE.

By G. D. CAMERON, M. D., Chagrin Falls.

Of the many valuable relations which the well-equipped physician occupies, perhaps none is of more importance than his influence as a creator of public sentiment in his community, and while it is said that politics, religion and economics are good things for a physician to let alone, yet truth is so much a unit that all these enter in and the public health is but another relation of the same subject. In what direction then may he cast his influence? Health and happiness are expressions of harmony. When we define life as what we endure every day and law as what we know of the way that part of the universe made up of society acts, we have no apologies to Spencer, Darwin or Huxley. These terms are simply used in this narrow sense to emphasize some common facts which seem of uncommon importance.

The quality of the advice which the physician dispenses in his consultation room is of more importance than the quality of his drugs. Inspection of health reports shows that civilized man in the State of Ohio is most liable to be affected and to die from diseases of the respiratory organs, with nervous diseases on the increase, and venereal diseases still found.

Starting from the well established principle that use is the price of possession, let us make a brief analysis of existing customs in their relation to public health.

The body needs and is a constant user of oxygen, yet man sleeps in closed apartments where air, as a rule, is not pure. Carbondioxide is almost essentially there in excess. The days and nights of infancy are spent by the base burner or cook stove, or in a room kept close to retain the heat, or where not? But almost certainly *not* in pure air.

Vital processes are never at their best in this environment. Malnutrition of some parts becomes a certainty. Tissues evolved here are pale. Bone and marrow and muscle and blood of this breeding will hardly stand life's strain and stamp its offspring with fighting properties.

Then, on comes the school room with its cramped positions, its high percentages of residual air, its impaired circulation, nerves keyed high on the rack, poor light, anxieties, responsibilities, engorged heads hot with the ashes of excessive nerve action making up a series of conditions which are certainly predisposing to race suicide. Until some person is able to isolate the germ of alcoholism and the germ of insanity and epilepsy and St. Vitus dance, we must attribute them to some law violated. What but a collision could cause so much debris? Some law that nature has fondly cherished through ages is being ignored and we must get back to physiological processes for the solution of our difficulties.

Carbolic acid and formalin and X Rays are good, but they will never produce a conquering race; the good material in the fibre of the American people is not the medical material, nor the result of it. We watch the enemies of the human races so much through the microscope that we forget, in a measure, the human race itself. While we invent rat poisons and anti-toxins, there ensues atrophy of the national muscle and hypertrophy of the national nerve. There is disuse of the muscle and over-use of nerve beyond the power or possibility of compensation. Instead of muscular exercise and deep breathing of oxygen bearing air, we inhale and drink and absorb and inject and ingest narcotics to deaden the strife.

Other more specific illustrations might be cited. We teach the child that he must use his legs daily if he would have them strong. When he becomes six years old the state, on the principle that only by brain exercise can he become possessed of the ability to use his talent, compels him to attend school where he is taught that fish live in caves and lose their eyes, etc. There we cultivate the eye, the ear, the nose and throat by exercise. So with every stated and implied teaching which the child receives he is warned that to retain an organ or faculty in any degree of health, he must exercise it regularly and with moderation. He is taught that over-use and disuse are alike fatal. Then society steps forward with the exception which proves the rule. When the sexual organs show signs of growth, society in the name of chastity, and the state says "they should not be used." Nature says "use them or I will take them away." Society says "If you use them I'll ostracise you. Somewhere between this Scylla and Charybdis the young hopeful drifts for ten, fifteen or twenty years. Nature is full of resources and the wreck is usually not so great as the ancients would have us believe. And while all hands are not, as a rule, lost, yet disease, moral and physical, finds in this mix-up one of its strongest holds, and anything which bears on a solution of the problem is certainly as interesting to and deserving of the careful study of the physiologist and pathologist as is the blood count, or the per cent. of haemoglobin before, during, or after being affected by the gonococcus microbe. Then there is the divorce court record and some other unrecorded social conditions that come into the mind associated with this conflict between natural law and the demands of society. Let some great bloodless surgeon throw his energy anew toward the reduction of this natural law out of joint. With muscle lacking in life and nerves in excess, childbirth becomes an ordeal, and abortion is committed "once, twice and again," apologies to Kipling. Whether right or wrong, the institution is a fixture. Like capital punishment, it violates one rule to satisfy another. It is becoming almost universal. The President alluded to it, and then started for the seclusion of Yellowstone Park, and from now on it is a national public question. The family is the social unit. Upon its security depends the safety of the government and society and no class can

do as much toward preserving its natural status as the medical fraternity. With this variation between nerve and muscle we have unremitting heart overstrain. Civilized man keeps the erect posture from early to late, the heart acting as a pumping station is worked to its limit for too long periods at a time, morning, forenoon, afternoon, evening, no respite; from feet to head the heart pumps and forces. No time for rest or repairs. Our hurrying methods lead to extremes of nerve action to preserve a uniform bodily temperature, perspirations are checked suddenly, nothing moderate, rapid eating, early decay of teeth, haste in everything. "What is the remedy?"

1. Teach deep breathing habits.
2. Teach ventilation and outdoor living.
3. Abandon pipe dreams of national greatness.
4. Class narcotics where they belong.
5. Put manual training in the public schools.
6. Advocate frugality and early marriage.
7. Place health and character as high as financial instinct.
8. Discourage extravagant ideas.
9. Give the indicated remedy.
10. Recommend and practice the remedy.

THE PATHOLOGY OF IMMUNITY—ONE OF SEVERAL HOMEOPATHIC PHENOMENA.

By G. B. HAGGART, M. D., Alliance.

The Pathology of Immunity is being greatly studied these days. When professional men by their best efforts cannot cure disease, they endeavor to prevent it. No reason like this has induced the homeopathic school to neglect the subject along pathological lines. Homeopaths do not fail to recognize the character of the phenomena, nor to assert that to them it is "as a tale that is told," so old is the phenomena. They claim, and endeavor will be made to show herein, that it is one of several phenomena, long ago characterized as homeopathic, when applied to the sick body—that is in a pathological sense.

Perhaps at the outset a few terms should be defined: Pathology is that branch of medicine which especially treats of the struc-

tural and functional changes caused by disease. Functional is affecting the action and office and not the structure. Cellular pathology regards the cells as the starting point of disease. It is the very foundation of immunity. Medical pathology is that which relates to morbid processes.

Now, Ehrlich, Metschnikoff, Marmorek, Behring, Flexnor and Kitasato have each given us great deductions regarding the power of the cellular framework to elaborate from its substance, derivatives that in some senses defend, in others intoxicate, in others arouse vital processes, and in yet others destroy the tissues, and by a careful reading of the Huxley Lecture on "Recent Studies of Immunity With Special Reference to Their Bearing on Pathology," by Wm. W. Welch, it is interesting to note the recent and elevated direction the work is taking, but one cannot help thinking that all investigators are erecting an etymological babel, for each serves the result in different terms.

There are in the explanation of Immunity some five different theories: The Exhaustion Theory, of Pasteur and Klebs; The Retention Theory, of Wernich and Chauveau; Metschnikoff's Phagocytic Theory; The Anti-Toxin Theory so lately exploded—and best of all, The Ehrlich-Wasserman lateral chain theory.

The last rests on the protoplasm of the cells of the body being of complex molecular structure. The groups of atoms making up these molecules have different combining and elaborating powers. The combining group of atoms are called the haptophore group, while that group more important to the pathologist is known as the toxin-producing, or toxiphore group.

When any drug, poison or toxic substance enters, these cells elaborate a substance—an antibody, with a combining ability, and a special affinity for this entered toxin. It meets it, the toxiphore group of atoms and haptophore group combine, then the cellular protoplasm is at rest. Many times when the toxin is in large amount the cells overestimate the amount of anti-body to secrete, and hence the blood-serum remains with an overplus of cytotoxin, or cytolsin, hemolysin, antienzyme, agglutinin, coagulin, etc., as these derivatives are variously called. But recollect, that of these antibodies the only one increased by immunity is that related to the material or toxin used." (Welch).

Now these cell toxins are pathologically one thing, physiologically another thing, but biologically only after all, derivatives from the effects of bacteria or plant cells. Who does not know that bacteria are only low microscopic forms of plant life—they are the unicellular organisms of biological botany?

The human body has ability to react to other poisons than these generated by bacterial or low plant cells. It reacts to those of other bodies, to toxins of the higher plant life of the fields, to mineral poisons, and toxins of its own tissues. A poison is “any substance applied to, ingested or developed within the body which causes or may cause disease,” and it may be stated, which if properly and timely applied *will cure disease*.

The old Scriptural saying is fulfilled veritably by pathologists, in that while sifting the scientific facts, they are stricken down by the clearness of the major facts, totally overlooking them, while studying the minor ones—in yellow fever, typhoid and even at this time in malarial fever, “they strain at a gnat and swallow a camel.” They measure the toxin generating power of cells, the serum strengths in a physiologic way, the immunizing power created, but forget to furnish any yardstick or torsion balance for the great working element, that of which Hahnemann alone made mention, “*the vital force*.”

They are like the manufacturers of dried baby-foods, who, while furnishing ideal compounds, forget that the infant has anything to say about the question—all babies are not alike vital.

What are the results of these bacterial toxins elaborated? They are applied in no more specific sense than medicines—the toxins of plants. For instance, the antistreptococcic serum is in use to cure abscesses and infections and even snake bites; antiabrin neutralizes diphtheria toxin and racin; rabies serum neutralizes snake venom; snake venom annuls the toxin known as abrin. It cannot thus well be shown why we should rush away from the higher plant juices, more potent and easier applied, to get only poorly elaborated extractives from lower forms of plants for medicines, when as has been shown, nature has so thoroughly prepared our vitality to battle against their mixed effects.

Besides, these elaborated pathologic mischiefs have hardly been enough specialized with, to know of their sphere of action. Of course it is known that tetanus toxin seeks the nervous system; diphtheria the mucous membranes; ricin and abrin specifically act on certain tissues. But the strongest bacterial hemolysin is now found in what was once known as a harmless saprophyte, and our best bacteriolytic serums of the laboratory yet prepared, may contain powerful hemolysins, and while checking the course of the disease, yet by their hemolytic power produce secondary anaemia, fatal thrombi in typhoid, diphtheria and scarlatina. We must beware of antitoxic injections and the serum therapy generally.

Hahnemann states in the "Organon" that medical substances produce certain definite morbid symptoms in the body cells, and he tells us how to cure these pathological conditions. So while homeopaths have been using these 70 years their tox-albumens of snake poison, and cytotoxins of nettle, and reptilian hemolysins, and insectorial hemagglutins and coagulins, for their practical effects, curing pathological conditions right and left, it is left to Prof. Reichert to demonstrate, and Sewall and Frazer and Calmette to study, and Flexnor and Noguchi to investigate, and even Weir Mitchell to elaborate upon their being good things for diphtheria, etc., etc. Even one investigator thinks the cobra poison may be effective for purpura.

So scientists are getting back to "First Principles"—to the practical—are studying the fluids and functional disturbances, and "Vital Force," and are learning some fundamental facts, a few of which are these:—

Infections, like Anthrax, do not alter the bacteriocidal properties of the blood, while this power does vary in fatigue, age, infant life relatively, in pain, under certain nutrition, alcoholism, and in interference with respiration. The nursing child has greater resistance than the bottle-fed, as the mother gives the immunizing bodies through the milk, and so on, ad infin.

The researches of Immunity which threaten the foundation of cellular pathology has only served to strengthen applied medicine. The phenomena that takes place in the human body may be called the "battle of cytotoxins," "the biologic phenomena of complements

and intermediary bodies," "the fight of antitoxin and cytolyisin," or by those plain, generous and honest be stated to be the cellular poison of the drug combining with the cellular poison of the sick physiology," "the similar drug force pitted against the similar diseased condition"—the "*Similia similibus curentur*"—the theory of 'the porcelain painter's son'—*Homeopathy*.

This knowledge is as essential to the growth of medicine as to the sound premises of a modern pathology. If it be so in one science it must be so in another. Clinically it has saved thousands of lives, and while waiting for the graceful yet humiliating acknowledgement of the greater half of the medical world it will continue to save thousands more.

All pathologists acknowledge it as *The Law of Nature*.

Can such men fail to use that law? Are we willing to have our fundamental truths surreptitiously abstracted, without acknowledgement? These two questions are of vital interest to us as a school of medicine.

WHAT ARE THE PHYSIOLOGICAL EFFECTS OF THE X-RAY?

By LINCOLN PHILLIPS, M. D., Cincinnati.

At the outset I will be candid and say that I do not know definitely, neither do I think anyone else does. This should not exempt us from philosophizing or indulging in theoretical speculation, for theories are the concepts that give rise to discoveries of facts.

But a few years have elapsed to leave their indelible markings on the dial of time since the X Ray light burst into a wierd mysterious force before the gaze of the plodded scientist, and it is no discredit to science that it has not fathomed all its secrets as yet.

Are there not many things in medicine and science that continue to cause dissension and argument, even after decades have come and gone? Shall we then abandon all theories and even facts, which we are unable to demonstrate? By no means, it is only by dissension and argument that we rise from the valley of misty doubts to the heights glowing in the radiance of the sunshine of indisputable facts.

The science of medicine has to do with life itself, worked out amidst the intricacies of a wonderfully complex system of systems, organs and cells, constituting material man, and hedged about by all the laws of the universe. Is it wonder, then, that ours is not an exact science?

But to return to our subject—there are several well-known results produced by the X Ray that must be considered in order to intelligently discuss physiological effects. It acts as a sedative, relieving pain; it can produce a subsequent congestion, inflammation and destruction of normal tissues. It has the power to so alter some types of morbid tissues that they can be replaced by normal ones. It has also so-called tonic properties.

Let us discuss these points, one at a time. As for the constitutional tonic properties, it would seem they are due to the induction current flowing about the Crooke's tube, and not due to the light itself. The same can be produced by static insulation. So, begging the question, we will drop the point and take up sedative action. Most living tissues show irritability, of the power of changing in some manner in response to stimuli. Nervous tissue is very much alive in this respect. Pain, as we understand it, is the effect produced upon the conscious centers by the reception of stimuli of a certain type. How does the Ray alter these stimuli? We can only suspect. It may be done by the light alone; chemically, or rate of vibration; or by the electric current. Physiologically, it may produce anæmia about the painful nerve terminals; exhaust the nerve centers, exhaust the nerve fibres, or substitute a different rate of vibration in them. This change in rate of vibration appeals to me very much. It does seem that different results obtained by the various stimuli depend upon the variance in rate of vibration. Witness hearing and sight of the special organs. Now, this static current, with its high frequency and tremendous voltage, could with reason alter the rate of vibration. Since the nervous tissues respond so readily to electric stimuli, the theory seems all the more plausible; that it is due more to the current than to the light itself is seemingly evident, from the fact that the static breeze and high frequency current produce sedative effects.

Now turning for a few moments to the inflammatory sequelae.

Most workers, I believe, unite in saying that the inflammation is a simple one, and that the results depend upon the severity of the inflammation. It may cause a simple dermatitis, cellulitis, or even extensive ulceration. This is pathological, but what sets up the physiological condition preceding? All the results of X Ray exposure hinge about this point. Does it produce an anæmic condition locally, or a hyperæmic one? Either might be the cause. If anæmic, then it is sedative, shuts off blood supply to morbid cells, and if carried too far, then destruction of the parts. The same can be said of the hyperaemia, if we exclude the sedative action. Are the pathological results due to the light or the current? I believe they are due to the light, and also to the light's chemical properties. This study of lights is a wonderful one and great results will eventually come of it. The different chemical theories of the cause of X Ray burns will not be discussed in this paper. A few will be mentioned, viz.: Ozone formulation, electrolytic action with decomposition of some of the tissue compounds setting free hydrogen, etc.

We know it has chemical properties, witness, its action upon the salts of silver on the photographer's plate.

Sunlight feeds the light of the world chemically, in the main, perhaps. It is essential, yet an over supply of it is disastrous, as any ragamuffin who has ever bathed in an unshaded frog pond can bear testimony. Too much X Ray light may even prove more disastrous. The stumbling block is: Why does the inflammation not appear sooner? Why is it delayed two, three or even four weeks? I can only theorize—I wish I knew.

Taking up the fourth point; how does it destroy morbid tissue, I scarcely think it does it by killing germ life direct, but I do think that some chemical property of the X Ray excites such a renewal of vital activity in the neighboring tissues that an unhealthy soil is converted to a healthy one. Long ago we recognized the fact that "Light is life and darkness is death." This new light perhaps has a more potent life-giving chemical property than sunlight. It is capable of stirring up physiological activity, for we note its inflammatory effect, and also that it drives morbid products into the circulation. True, this may be partly due to cataphoric bombardment, carrying in small particles of foreign matter.

To sum up, then, if we exclude the effects of the current itself, we have left two effects standing out in bold relief, viz.: the X Ray inflammation and destruction of morbid tissues. They are caused by some unknown chemical property of the light, which produces physiologically an increased tissue activity, or metabolism in the region exposed. This means a hyperæmia bordering on congestion, with its consequent increase of white blood corpuscles. If carried too far, it means the so-called burn, which may be beneficial or not, depending upon the degree.

In closing, I must indulge in a little speculation. For a long time there have been some who have doubted that the sun is an immense ball of fire sending out its rays of light and heat. They have thought it due to some form of electric energy, but knew not what. May not the X Ray give us the clue? The sun being the source of a tremendous electric energy, and the space beyond the limit of the earth's atmosphere acting as an immense vacuum; the waves passing through this vacuum and striking the earth's atmosphere would produce the light and heat known as sunlight. Mayhap it is an idle dream. Another dream has long troubled me: Can we discover the color complementary to the X Ray, and thereby produce a white light, and if so, what tremendous properties might it not have?

Dr. Buck: I don't want to see any of these papers go by default. The remarks of Dr. Haggart and by Dr. Phillips show a very marked relationship of subject. I believe that these physiological discussions are of very great importance to the work at large and to the homeopathic physician. I think that for Dr. Haggart's paper the Society is really indebted to him for making so careful an analysis along the line of ptomaines and bacteriology. It shows a great deal of study—that he has examined very critically and with rare good judgment all that is claimed for them; that he has classified them and brought them back to a basis that corresponds exactly with homeopathic principles. Dr. Phillips calls attention to these same facts so that these close students that we have in our society of physiological hygiene are to be thanked for their researches and their conclusions. The subject is a worthy one.

Dr. Horner: This theory has been advanced explaining the curative action of the X Ray being an irritant causes an increase of flow of blood to the part, and this increased pressure from the distension of the vessels finally becomes so great as to act mechanically in cutting off the circulation; and hence it follows that the part which is embraced within this irritant effect becomes simply a foreign body and is removed either by necrosis or by absorption.

Dr. Phillips: There is nothing else I wish to say unless it be in regard to sunlight. There is one theory, however, in reference to sunlight itself that I would like to mention. Since I have been studying the X Ray it seems to me that it is possible that sunlight is due to the same thing as the X Ray, namely, the sun is the source of tremendous electrical energy; that beyond our atmosphere is a more or less complete vacuum, giving us resistance, and that this high voltage from the sun passing through the vacuum and striking the earth's atmosphere gives us the sunlight.

BUREAU OF MATERIA MEDICA.

KATHERINE KURT, M. D., Chairman,	- - - - -	Akron.
"Abrotanum."		
W. H. PULFORD, M. D.,	- - - - -	Delaware.
"Many Uses of Peroxide of Hydrogen."		
H. E. BEEBE, M. D.,	- - - - -	Sidney.
"Placebo."		
W. A. GEOHEGAN, M. D.,	- - - - -	Cincinnati.
"Picric Acid."		
W. A. DEWEY, M. D.,	- - - - -	Ann Arbor, Mich.
"Ambrosia Artemisiaefolia in Hay Fever."		

PEROXIDE OF HYDROGEN.

By W. H. PULFORD, M. D., Delaware.

The subject of my paper is one, with which I think you are all more or less acquainted.

As time is limited, will only mention a few of the many uses to which I have put it, and have been well pleased with its effects.

In comedos I have bathed the parts freely with it diluted one-eighth with hot water, then with a small ivory spatula, have easily pressed out the sebum and left no stain or soreness.

In acne indurata and pustulata, I have lanced the papules and applied the peroxide diluted one-eighth with hot water, and it quickly evacuates the morbid blood and pus, and retires the hyperaemia, and leaves no stain or soreness, which is very satisfactory to patient and myself.

In all eczemas, pustular or erysipelatous; and the rhus poison, and in vegetable poisons, I have used the one-eighth dilution hot applied with double soft cotton cloth and given twenty drops to half tumbler of water as ordinary drink, with good success.

I have cured one case of gunpowder stains with the above one-eighth solution applied hot, but it takes two or three applications. In prurigo and pruritis, it is very soothing—warm externally and

twenty drops in one half tumbler of water as drink. Given as a drink, internally only, it modifies the fetid sweat. As a mouth wash in stomatitis, in low fevers, in catarrh of stomach and bowels, given one-eighth warm and two drops in half tumbler of water as a drink, it will be found very soothing, and assist the internal remedy. In diseases of kidneys and bladder, I have given it as a drink, diluted with water, with decided benefit.

In variola and varioloid, I have used it with good results. I treated a case of variola in December last and gave twenty drops in one-half tumbler of water as a drink and when papules developed, applied the one-eighth warm dilution to face with double cotton cloth and had body bathed with same, cleansed mouth and throat with the one-eighth warm dilution; this in addition to the medicinal treatment, which was principally rhus tox., then sulphur, and my patient, who was freely broken out, made a rapid and splendid recovery. Patient today, now five months, shows very slight marks, the subdermoid tissue being completely healed.

In leucorrhea, with foul discharges, and even in specific cases, it is very soothing applied one-eighth, warm as can be endured, also in putrid states of the uterus, and retained secundines, used very warm, through return flow syringe, I have had very good results, used with glycerine. Also in gonorrhoea, acute as well as chronic, I use the one-eighth dilution, as warm as can be endured; about 80 degrees. I distend the urethra and keep it there until all pain has subsided; the treatment each day has cured two acute and one chronic case for me.

For ulcers and carbuncles on any part of body, it will be found a safe and effective deodorizer and cleanser of all putrid excreta.

In chronic and nasal catarrh, and in chronic bronchitis and catarrhal asthma, and all catarrhal diseases of the bronchial tubes.

I have used it dissolved under water by kali permanganate in Underwood Oakland inhaler, and passed through an Underwood inspirator, along with the vaporized indicated medicine, and it has given very good results for me. In most cases I use it internally as a drink.

I could not begin to particularize the many uses I have put it to, but suffice it to say that it is the most useful medicine I have.

I should be pleased to hear from the brethren their experience with it, pro or con.

Dr. Baldwin: After hearing Dr. Pulford's excellent paper on the uses of Peroxide of Hydrogen H_2O_2 , I desire to add my testimony as to its efficiency in the treatment of pyorrhoea, or Rigg's disease of the gums. Perhaps I speak correctly in saying there is no known disease of the teeth and gums that give our friends, the dentists so much trouble. I have had many very chronic cases in past years to deal with. I can speak of very excellent results by having my patient abstain from coffee, acids, excess of butter, rich pastry and fresh bread, and give the indicated remedy in high (200th) potency once daily. The remedies most often indicated, I find to be merc. cor., sulph., hepar sulph., psorinum and kreasotum.

In conjunction I use the peroxide, moisten a pledget of cotton full strength and lay on the gums, three times daily, after eating.

Dr. Clarke: The theory of action of the peroxide is that it gives up oxygen on coming in contact with the warm mucous surfaces. In many cases of our more common diseases large quantities of the peroxide may be safely injected into the rectum and with great advantage. This is especially true in cases of unconsciousness from poisoning, drowning, etc.

PLACEBO.

By H. R. BERBE, M. D., Sidney.

The word *Placebo* is of Latin derivation, first person singular, future indicative of the verb *placeo*, I please. It is a make-believe medicine, any harmless substance given to soothe a patient's anxiety rather than because it is of medical value.

This is one of the many applications of mental therapeutics, a subject attracting much attention at this time. It is not practicing deception, but it is merely a well marked illustration of "Where ignorance is bliss 'tis folly to be wise." Therefore, this valuable remedy, *sac lac*, is necessarily quite often a most important adjunct in our practice.

This paper is not designed to bring about a discussion of the single remedy, the single dose or the potency features of our prescriptions, important as each is, but merely to agitate a point in clinical medicine of equal importance. Neither is it to advocate anything new, it is only to direct more careful attention to an old topic deemed too little considered.

When to give drugs and when not to give them, how much to give and when to repeat the dose, are not questions of minor importance. While these may appear little things it is to be remembered that it is the aggregation of little things in our profession that makes the difference between success and failure.

It is easy to spoil a case with drug therapy, not only by giving the wrong remedy, but by overdosing with the right one, when it is best to let well enough alone. When any drug treatment has established well marked positive improvement, call a halt, for its continuance is dangerous. Now is the time to study carefully placebo, particularly in chronic diseases, and not only in these alone, for in acute maladies there is also a time to stop lest trouble arise. Nature's unlimited vital forces should not often be disturbed, for she is a very successful practitioner if we will only give her a fair chance. How to use a drug and when to prescribe a placebo depends much on our knowledge of the pathology of the disease.

Carroll Dunham well said in his "Science of Therapeutics," and no more logical writer ever discussed this topic: "The medical man must rely on his knowledge of pathology for a conclusion respecting the nature, cause and probable termination of the disease." "Pathology is used with a meaning totally distinct from that of pathological anatomy, the former is the science of *morbid processes and functions*, and is *abstract*; the latter is the science of *morbid organs and tissues*, and is *concrete*. A corresponding distinction obtains between physiology, which is the science of *healthy processes and functions*, and physiological anatomy, which is the science of *healthy organs and tissues*." "An extensive knowledge of physiology, pathology and hygiene should enable the practitioner to discriminate as to proximate causes. They are indispensable to the physician to enable him to make that preliminary analysis of a case by which he will determine under what category the case be-

longs, and whether or not it calls for treatment by medicines in part or entirely—whether it comes under the domain of therapeutics or not. They show, moreover, that, inasmuch as homeopathy directly involves the science of therapeutics alone, there is a large field which is occupied and cultivated in common by homeopaths and practitioners of the old school.”

These utterances are not made by reason of lack of confidence in our remedies, but because of confidence. With the homeopathic physician who is an earnest, continuous student of our *materia medica*, the longer he is in practice the more confidence he acquires in our remedies, while the adverse is admittedly true of the allopathic physician. Many of them, aside from hygiene and palliation, depend largely upon expectant treatment. In Johns Hopkins hospital typhoid fever is being treated without drugs, depending wholly upon good nursing, and they claim better results than where drug therapy is used. This is placebo with a vengeance, and with favorable results, but is it not going to extremes? Would not still better results be obtained with the indicated similimum, but at the same time not to go to extremes with it?

For divers reasons there are many serious cases that from beginning to end, therapeutics is not called into play; they are rectified by the application of a knowledge of physiology, pathology and hygiene; but it is quite doubtful if typhoid fever be in this list, though it has a definite, well marked course to run, and the application of therapeutics may perform a subordinate part to hygiene. Many ailments are successfully met by the application of scientific knowledge apart from therapeutics.

Show us a practitioner of the dominant school, or, an empirical prescriber, who has spent long years in practice, yet who possesses more than a very limited confidence in drug therapy, aside from palliation, and you will show an exception.

The following is from Dr. Bloyer's spicy Eclectic Medical Gleaner of last month. It is one of many examples, and is as follows: “Recently a prominent allopathic physician of this city said: ‘Well, Doctor, I have come to the conclusion that the present day practice of medicine consists largely in the prescription of placebos—the administration of harmless remedies to satisfy the

patient until nature brings about a cure, or until hygienic measures can be brought into play. For that reason I do not find it necessary to worry much about the value or virtue of drugs, or to worry over the filling of my prescriptions by the druggists, or to carry and dispense my own medicines.' 'Why,' said he 'I believe I seldom or never prescribe outside of a list of ten or fifteen harmless things.'"

It is common for them to ask: "Why have you homeopaths such confidence in drug therapeutics?" They honestly pity us for this supposed mistaken confidence. Our reply is: "Because we have so often seen such positive results by reason of applying the law of similars, results that you know nothing of." And this is another reason for the use of placebo, our full confidence in remedies to the extent of not abusing them by over use.

In our anxiety we sometimes err by changing the remedy, or thinking that we should give a larger dose, or repeat oftener what we are giving, when the correct procedure would be to add nothing, and to make no change unless to substitute *sac lac*. Family and anxious friends may, by actions speaking louder than words, desire a different treatment, and here the innocent placebo does the work. True this is confident expectancy, but not empirical expediency, due to lack of faith in remedies.

It is a fact that the tendency of our young practitioners is to give more medicine than formerly, while the members of the dominant school are giving far less. This is about the only way that the two leading schools of practice are coming together, and certainly this is not sufficient reason for amalgamation, or rather absorption. Some one has said that they are trying to swallow us, though it may produce a big lump in their throat.

Placebo is a valuable adjunct when the keynote symptom, let well enough alone, is indicated. Again, it may be well indicated with some patients where we need more time to study the case. There are numerous phases where it is well indicated, but tact must largely judge when to prescribe it.

This well tried remedy has long been used by all schools of practice, and yet we are not ready to cast it aside into the rubbish, as is done with so many other remedies by the empirical prescriber.

Therefore let us continue to prescribe it, and ever heed well its marked indications, for it will be a long time before the masses are sufficiently enlightened for us to dispense with placebo.

Dr. Baldwin: It seems to me that Dr. Beebe's selection of his subject a most excellent one, and he has handled it in an equally most excellent manner. No true Hahnemannian can do without placebo. Every true homeopath knows the necessity of the use of the high potency in treating chronic cases, and he knows also that too frequent repetition defeats his aim, a cure. Here, then, comes in the necessity of the use of placebo, and he whose experience, be he young or old, has not taught him its good, has much to learn. Permit me to thank Dr. Beebe most cordially for his instructive paper.

PICRIC ACID.

By W. A. GEOHEGAN, M. D., Cincinnati.

General interest in picric acid was awakened by the publication of a thesis by Parisel in 1864 and a monograph by Erb in 1865. These studies furnished the inspiration for the investigations of Dr. S. B. Couch and Prof. Samuel A. Jones. Dr. Couch's provings eleven (11) in number were made with potencies from the first centesimal to the thirteenth centesimal, mostly the latter. In his experiments upon animals, massive or lethal doses were employed and the effects of the poison studied at carefully conducted autopsies. Prof. Jones used the first and second decimal dilutions in his provings, five in number, and their value is enhanced by quantitative analyses of the urine made in the laboratories of the University of Michigan. Dr. T. F. Allen made two provings with the thirteenth decimal dilution and Dr. John S. Linsley one with the same potency.

The effects of lethal doses are very similar to those of strychnine. From the descriptions of Dr. Couch they may be summarized as follows: The animals manifested increased aversion to moving about, with great lassitude and weakness, especially of the hind legs, which permitted the body to sway about. The gait was peculiar,

somewhat like that of locomotor ataxia. These symptoms increased so that the animal fell over at the slightest touch and seemed unable to rise. Spasms became general and involved both the voluntary and involuntary muscles, respiration being temporarily suspended and opisthotonos occurring. Recovery took place if the dose was not too large. Gradually, however, the convulsions recurred until the death of the animal. After death, the cerebellum, medulla and upper part of the cord were "completely disorganized, soft and pulpy." The cerebrum was slightly softened, the lower part of the spinal cord not at all.

There was considerable controversy between Drs. Jones and Couch as to the action of picric acid upon the blood. The former contended that the drug causes disorganization of the red corpuscles, which Dr. Couch denied. Prof. Jones's statements are in accord with those of Erb, who found in chronic poisoning the blood became of a dirty brown color, due to its disintegration, and that at the same time there was a leucocytosis. This action of the drug upon the blood has led Dr. Goodno to suggest its use in haemoglobinuria, leucocythaemia and pernicious anaemia. While Hempel records the cure of a case of the latter disease by Dr. White, there is little other testimony as to its value in similar cases.

One of the first symptoms of picritization coming on within twenty-four hours after fifteen grains of the drug have been taken is a bright yellow coloration of the skin and conjunctiva, and in fatal cases all of the tissues are similarly stained. The urine too becomes yellow and the color persists for six days while the yellow tint of the skin remains for nine or ten days. Most observers have attributed this discoloration to jaundice, but Hempel notes a counter-claim that is entirely due to the absorption of the acid and cannot be considered a pathogenetic symptom. One one-thousandth (1-1000) part of picric acid does not color water a deeper tint than the lighter shades of Vogel's urinary scale, while the normal amount of urine in six days would dilute the acid at least seven times that much; and the proportion of the acid to the body weight would be less than one to ten thousand. In view of these facts, it is probable that the discoloration of the skin and urine was partially due to the presence of biliary coloring matters. It is to be

regretted that no satisfactory tests of the urine for bile are recorded.

It is interesting to note that picric acid has a marked germicidal action. Benz (quoted by Wood) states that its action upon infusoria is similar to that of quinine but feebler. This is at variance with the results of Koch's experiments as cited by Lauder Brunton. It was found that one ten thousandth part of picric acid retarded the growth of anthrax bacilli, while one eight hundred and thirtieth part of quinine was required to produce the same effect.

Parisel studied the effects of picric acid upon the circulation in thirty persons and found that small doses lessened the pulse rate four or five, while larger quantities reduced it to fifty or even less. There were two in the series, however, in which slight increase in the number of heart beats occurred.

Slow poisoning in several cases caused a febrile movement of a quotidian intermittent type attended by thirst, anorexia, sweats and a marked cachectic appearance of the skin, all of which rapidly disappeared upon the withdrawal of the drug. This would seem to indicate its employment as a remedy for chronic malarial fevers, but as a rule disappointment has followed its use in such cases whether prescribed for its dynamic effect or for its germicidal action.

As has already been noted picric acid causes softening of the cerebellum medulla and upper portion of the spinal cord. No change of importance occurred in the cerebrum except a "beautiful injection of the convolutions."

Dr. George S. Norton examined the eyes of the dogs poisoned and found venous congestion of the optic disc and retina. Post mortem macroscopic and microscopic examination revealed in addition, swelling and infiltration of the optic nerve and minute extravasations into the retina. Also large white patches, some extending from the nerve entrance into various parts of the retina, and some apparently independent of the nerve itself. The lesions described are very similar to those coexisting with many cerebral diseases.

As a result of the lesions described there is manifested by the poisoned animal an increased unwillingness and inability to move until finally the limbs become quite limp. Associated with these

phenomena were incoordination of the muscles and in the later stages entire anaesthesia and analgesia of the lower extremities. The provings on human beings produced similar symptoms, but of course less intense. Great lassitude and weakness, especially of the lower limbs were noticed and in consequence unsteadiness of gait. Critical examination of the provings shows that all those manifesting great debility of the muscular system of the lower extremities, great weakness and heaviness of the lower limbs, weakness and trembling of the knees, etc., were made with the higher potencies by Dr. Couch, and none of his experiments failed to produce such symptoms. The two provings made by Dr. Allen and one by Dr. Linsley with the same high potencies failed to excite any such symptoms with one slight exception. The provings from all other sources caused but one or two slightly marked symptoms referable to the lower extremities. Now, when we recall the fact that it was Dr. Couch who experimented upon animals and noted the disorganization of nervous tissue found after death, the question arises were these narratives of symptoms influenced by what our legal brethren term "leading questions." One can but wonder how much of the disappointment in the use of this remedy has centered about the symptoms thus elicited. There are some manifestations of the drug's action more general in character which are common to nearly all of the provings with both high and low potencies; as, a general sense of lassitude; languor with indisposition to exertion; indifference to everything about him; trembling and weakness of the muscles; and great prostration.

The characteristic headaches of picric acid are those occurring in the occiput and extending forward, or downward into the neck. Allen gives as indications for it, violent occipital headache increased by mental excitement and attended by general fatigue. Brain fag; the slightest mental exertion (or sexual indulgence) brings on pain in the base of the brain; the pain is generally intense and throbbing. Any attempt at labor causes general prostration. When these symptoms occur in men in whom nervous exhaustion co-exists with faulty nutrition, when in the mornings there is tired aching in the lumbar region; the legs are heavy and weak; and when there is a marked impairment of the will power, picric

acid is an exceedingly valuable remedy. Dr. Bartlett has suggested the use of picrate of zinc when spinal symptoms predominate.

In locomotor ataxia, Dr. Bartlett limits the value of picric acid to the first stages when inordinate sexual desire coexists with marked asthenia.

When we come to the consideration of the effects of picric acid upon the urine, we discover conflicting facts as well as opinions. Dr. Jones found as a result of careful provings, with accurate quantitative analyses for days before the experiments, daily during the administration of the drug, and for a week during the elimination, that it increased the quantity of urine and the proportion of uric and phosphoric acids, and diminished the chlorides and sulphates, evidently the result of sub-oxidation. This he attributed to the disorganization of the blood, especially of the red corpuscles. Dr. Couch asserted that in none of the dogs poisoned by him, were there any changes in the blood. This is certainly not in accord with the experiments of Erb previously cited. While the effect of the doses used in the provings was to increase the quantity of urine, complete picritization strongly maintained, causes a diminished secretion of urine which becomes thicker, viscid and flocculent, and contains an abnormal quantity of mucus. The drug, which is eliminated by the kidneys, is evidently a true irritant to the organs, but no serious effects were noted if they were previously healthy and the administration not too prolonged. Slow poisoning (1.5 to 2.3 grammes per day for three months) causes true and persistent pain in the kidneys due to the irritation.

The color of the urine varies from an orange yellow to a bright red. Picric acid is found in the urine of both man and animals but whether the color is due to the acid alone to haematin or also to bile pigments is not known. It seems strange that the simple tests for bile in the urine were not applied during some of the experiments.

Picric acid has been recommended by Dr. T. F. Allen and Clifford Mitchell as valuable for sub-acute and chronic inflammation of the kidneys, with scanty urine, which is very dark in color and bloody, dropsy, profound weakness and degenerated patches in the retina. Drs Mersch and Coomans at a meeting of the Belgian

Homeopathic Association reported favorable results from its use. And Dr. E. C. Chase recorded a case of albuminuria following child-birth which was attended by severe occipital headache, aggravated by mental or physical exertion which was cured by it.

Picric acid exerts a marked influence upon the male sexual organs, producing an erethism amounting to priapism and also satyriasis. This is caused by physiological doses in men and Dr. Couch has also noticed it in animals. It must be admitted that these symptoms occur with equal prominence in provings with the thirtieth potency (30 x). Dr. Couch states that while moderate doses cause sexual excitement, medium and large doses effectually remove every trace of desire. Drs. Jones, Couch, T. F. Allen and Grahn have reported cases illustrating its control over satyriasis. It is especially indicated for the priapism associated with myelitis, meningitis and tabes dorsalis.

Dearborn thus describes its action upon the skin: "It may cause changes in the color of the face to a yellowish hue, and the appearance of papulo-pustular vesiculo—pustular and pustulous lesions, accompanied with stinging, burning, itching, tense or painful sensations, worse from pressure, motion and night; better from rest and cold applications." He gives indications for its use in furuncles, carbuncles and impetigo contagiosa. Drs. H. G. Houghton and T. P. Wilson have found it an excellent remedy for the small but annoying furuncles that sometimes form in the external meatus. Many cases of acne have been cured by picric acid. I have found it especially of value in such cases when there has been reason to suspect onanism.

Of recent years picric acid has been used extensively as a local application in burns and it is said with excellent results. In extensive burns, however, its absorption has produced toxic symptoms including profound prostration and the characteristic urinary and blood changes. It has also been employed in acute eczemas. It has been used as an intrauterine injection in gonorrhoeal endometritis and after curetting for fungoid conditions.

Drugs to be studied in comparison with picric acid are argentum nitricum, onosmodium, physostigma and phosphorous.

The foregoing resume seems to warrant four conclusions.

First: Within a clearly defined but restricted sphere, picric acid is a very valuable remedy.

Second: A few carefully conducted experiments would greatly extend its sphere of usefulness by removing some of the uncertainty in regard to its action.

Third: Even imperfect provings and incomplete experiments are productive of more good than countless theoretical papers.

Fourth: A revival of the spirit manifested by the provers of this drug is the one great need of homeopathy.

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Dr. Baldwin: Dr. Geohegan's paper on the subject of picric acid is exceedingly interesting and instructive. Some months ago I was reading in the Ohio Medical Journal the proving of Dr. Jones on picric acid. My attention was drawn to its strong nervous symptoms presented. It occurred to me to try it on myself, having suffered for years with a soreness of about six inches in length of the lower dorsal spine, and which defied all treatment from the

usual remedies, as given in our books. Dr. Carpenter kindly furnished me with the third potency dilution, of which I took one drop for a dose once daily for three days. The soreness of spine disappeared after first dose and never returned.

In a chronic case of spermatorrhoea, attended with great debility, hysteria, etc., this remedy proved curative.

AMBROSIA ARTEMESIAEFOLIA IN HAY FEVER.

By W. A. DEWEY, M. D., Ann Arbor, Mich.

Among plants which are the exciting cause of hay fever, that the ragweed or ambrosia artemesiaefolia is one of the most important is admitted by all authorities. It is a plant of extreme abundance and wild diffusion, it blossoms during the third or fourth week in August, perhaps in some instances earlier, depending on the location and forwardness of the season.

No proving of the drug exists. Allen gives a report of its causing coryza and asthmatic breathing, but his observations were taken from those of Dr. Marsh of New Jersey, and from Wyman's work on "Autumnal Catarrh." Dr. Wyman made some experiments with the plant, taking some of it to the White Mountains to an elevation where it does not grow, and exposed those who usually suffered from hay fever to its pollen. He and his son, both sufferers, sniffed it and were both seized with itching in the nose, sneezing and other symptoms of the affection. Those of the party, all sufferers, who kept away from it while in the White Mountains did not have any such symptoms. Several similar experiments resulted in the same way, thus out of 16 who tried it only one escaped, and we may believe that this individual's hay fever was due to some other plant. We know that thistles, golden rod, corn silk and daisies will cause it in some people.

Perhaps the most unscientific set of experiments on the subject were made by Dr. E. Fletcher Ingalls of Chicago a year or two ago, following the suggestion of Dr. Holbrook Curtis of New York. It was certainly a bungling way to arrive at a knowledge of drug action. He combined the fluid extracts of ambrosia and solidago

or the golden rod, in equal quantities and administered the combination before each meal and at bed time to those who suffered with the disease. Six drops were given, with instructions to increase the dose two drops at a time until sixty were taken, then to complicate matters still more, adrenalin was used as a nasal spray. In spite of all these procedures, 67 per cent. reported relief, but of course where the relief came from no one can say positively. Dr. Curtis' experiments were scarcely more scientific. He used the fluid extract of ragweed with "aromatics" and found that 60 per cent. of sufferers could be immunized. He used crude doses. He also employed the "liquor ambrosia," a preparation made by a New York house, the constituents of the preparation being secret and therefore not given. It is safe to say that there were other substances mixed with it, for we are not informed what the "aromatics" were.

The first suggestion that ambrosia might prove a remedy of value in hay fever comes from a homeopathic physician, Dr. Charles F. Millspaugh, the author of "Millspaugh's Medicinal Plants." He cured two cases while he was working on this book which was issued from the press in 1884. In 1889 Dr. Millspaugh published in the Homeopathic Recorder the report of four cases treated with the remedy. The disease yielded beautifully to the third centesimal potency. One case was relieved in from four to six days for three consecutive years and thereafter had no return. The second case got relief in from two to four days for two years. The third case obtained relief in 24 hours for three seasons and the fourth case was relieved in six doses. At the time the article was written this was the first season for its trial in this case.

Here seems to be offered a field for experimentation that will prove useful. I would like to urge upon all physicians who have cases of hay fever which appear anywhere from the 12th to the 30th of August to procure some ambrosia *artemesiaefolia* in the tincture, first second and third potencies, and commence on the first of August to administer the same to hay fever sufferers and note the results. I believe success would be obtained in a large number of cases, but not in all. In those cases where a complete failure is reported, it may be possible to discover that some other plant causes the trouble, such as the golden rod or solidago which blossoms about

the same time, and in these cases *solidago* may be used experimentally the following season.

We all know the power of drugs to prevent disease, that *belladonna* which gives such a perfect picture of scarlet fever will act as a prophylactic, that workers in quicksilver mines are exempt from syphilis, that those who work in quinine factories do not get malarial fevers, and that arsenization is claimed to prevent yellow fever. We have heard that those who chew the leaves of *rhus toxicodendron* do not get poisoned with it and so we might go on and instance other examples of drug prophylaxis.

This is a fruitful and legitimate manner of doing some good for the cause of homeopathy. I have some cases on which I propose to try this procedure this summer and would be glad to have others try it and report. There is hardly a physician but has hay fever to treat and hardly one but that dreads the disease. Not a few have it themselves. A closer observation of the time the attack appears, of the plants that are at that period in dusty bloom will perhaps do much to help out in its prophylaxis.

I know of cases who work in the hay fields, in the dusty mows of barns all through the month of July and have no symptoms of stuffiness, but on the blooming of the ragweed, have to lay up for a number of days with a suffering that is most unpleasant. I have met with other cases that while the daisies were in bloom in late June and early July, had the fever and who were free of it during ragweed time. Whether the disease be a neurosis, of bacterial origin or what not, if it can be prevented let us do it and do it in a way that will add to our knowledge, and not by mixing all the plants of summer together in the hope of hitting all cases; this is allopathy. Finding the individual remedy and prophylactic is homeopathy.

The tincture should be made from the whole fresh plant when in the height of its sexual season, carefully gathered to retain the pollen. Macerate it for 14 days in twice its weight of alcohol, shaking daily; decant and filter. The resulting tincture is clear orange red of a chocolate odor and taste which is followed by bitterness. Acid reaction.

Dr. Beckwith: I have used that preparation for two or three years, but have never received the benefit that is claimed in the paper. I have used it, of course, as a homeopathic remedy to note what it would accomplish in a given case or cases. But I have never given it before hand. I shall certainly give it a trial this year. Evidently this was not given homeopathically, but in prophylaxis.

Dr. Dewey: There is really nothing further to say, except that I simply suggest the remedy for a trial. It is simply intended as a tentative experiment. Still there might be something said as to whether this remedy will produce all the phenomena of this disease, or does it produce only a part of them? I look at it as one of the exciting causes. We know that belladonna does not produce scarlet fever; it produces a similar condition. Whether there is not something more in hay fever than this remedy will control is of course probable.

ABROTANUM.

By KATHERINE KURT, M. D., Akron.

In presenting the following symptoms, I am enabled to bear testimony to the truth embodied in the law *Similia, Similibus Curenter*, by the verification that the juice from the leaves of a certain plant, whose home is southern Europe, will cure a person suffering from rheumatism and hemorrhoids, with the experience that while the symptoms of rheumatism are acute, the hemorrhoidal symptoms subside. And after some days to weeks, the hemorrhoidal disease becomes aggravated and the rheumatic symptoms subside.

I became qualified to make such a cure by reading in Hering's Condensed Materia Medica that a shrub commonly known as southern wood contains within its fresh leaves the property to make a well person ill, when given of the juice of its leaves, in a manner to one afflicted at once with hemorrhoids and rheumatism, distinguished by the alternation of symptoms in the bowel and muscles and joints.

This test was made previous to 1866, and in that year published. I have found it true within the last five years, prescribing the first centesimal dilution.

Abrotanum, or artemesia abrotanum, southern wood, is a native of southern Europe and countries bordering on the Mediterranean Sea. It is also grown in old gardens in America. (Allen's Hand Book).

It is a shrub about three feet high, the young leaves covered with a whitish silky hair, burning taste, sharp, bitter and aromatic odor mixed with that of lemon.

The homeopathic medicine is prepared from the fresh leaves gathered in July and August.

From provings on the healthy, and from clinical experience abrotanum is found to produce the similar of marasmus in childhood; cross, feverish; blue rings around the eyes. Old expression on the face, with wrinkled skin. Appetite so strong as to be difficult to satisfy, the body becoming emaciated at the same time, emaciation showing first in the legs. Diarrhoea, food passing undigested. It has the characteristic symptom (of marasmus) of hard lumps here and there in the abdomen, corresponding to enlarged glands. Hectic fever, ulceration of the navel in the new born (apis mel.) Hydrocele in children.

Similar to bryonia, iodine and nux vomica, it produces alternate constipation and diarrhoea. Protruding piles, very tender to the touch and painful in defecation. Occasional small quantity of blood is passed. Piles burn, itch, ache, constipation. Again hemorrhoids bleed, bowels loose, must rise on account of stool. Alternate diarrhoea and constipation, with straining continued after diarrhoetic stool. Arms contracted, painful with lump outward toward left side, hard, tender. Piles originating in pregnancy years before. Patient thirsty for beer, which satisfies after a few draughts. Repeated attacks of acute inflammatory rheumatism, migrating to different parts, chiefly the extremities aggravated by getting wet. Inflammatory fever, preceded by chill, hand, wrist and forearm inflamed, swollen, exceedingly tender to touch and motion. Patient confined to bed. Rheumatism chronic, pain in back and joints, pains migrating. Lameness in back, below shoulders to sacral region. Rheumatism of the shoulders, must be aided in putting on her waist. Lame in right hip, limps in walking, con-

fined to bed from rheumatism in the knees, worse in the left. Left hand swollen. Joints of left index finger swollen with aching over gall bladder, in left shoulder and between scapulae. Rheumatic pains in ankles, next felt in left hand and back of neck, hand numb and cold. Hands stiffened from rheumatism, hemorrhoids quiet. Getting damp causes renewal of rheumatism. Right foot swollen, pains between the scapulae and in cervical muscles. Neck stiff, pains in both sciatic nerves.

Nux vomica relieved acute attacks but did not cure; no effect on chronic pains.

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A CLINICAL CASE.

An International Episode—Romantic Case With Fatal Termination.

By H. F. BIGGAR, M. D., LL. D., Cleveland.

Last July in the Lakeside Hospital, Cleveland, while in the midst of a difficult vaginal hysterectomy—which, by the way, I was fast discovering to be more suitable for the abdominal route—the following cable message was handed me: "Come at once to Carlsbad." By permission of the patient's physician, who was present, the operation was proceeded with and successfully completed by Dr. H. F. Biggar, Jr., and I left the operating room to make arrangements for immediate start on this distant professional call.

I arrived in New York two hours before the sailing of an ocean greyhound, sped through England in ten hours after three hours rest at Hotel Cecil in London, and was off from Dover for Ostend, where I secured comfortable space on the Carlsbad Corridor Limited; arriving in Carlsbad ten days after leaving Cleveland.

At the station I was met by the almost distracted mother of the patient, whose greeting was: "Oh, Doctor, for God's sake save my son." We were driven quickly to her hotel, where the scene presented was most pathetic and heart-rending. There the patient, a gentleman of 33 years of age, prostrated, almost in extremis, attended

by his fiancée, her mother and his own, and a corps of Austrian nurses. The physician in attendance was Dr. Leclercq of Paris, and the consultants were Professor Klein of the University of Sweden, the author of "Diabetes Mellitis and Glycosuria," and an authority on diseases of the kidneys, Professor Kolish of Vienna, whose clinical laboratory investigations have been widely appreciated, and Von Leydon of Berlin, the distinguished consultant for most of the Courts of Europe.

The history of the case is as follows: When aged 16, he had at his home in New York City an attack of acute rheumatism, very severe and critical. He was attended by that able physician, the late Dr. J. W. Dowling, by whom I was summoned in consultation. His recovery was unexpected, though he did recover, but was left with a bad heart, dilatation and mitral insufficiency. In course of time his health was so far restored that he became an athlete of some distinction. The compensation in the heart's action had so wonderfully restored circulatory equilibrium as to appear short of miraculous.

During the seventeen years of his life, dating from the attack of acute rheumatism, he had been examined by a number of eminent physicians who were invariably surprised at the conditions of general good health, but prognosis for life just as invariably doubtful.

During eight years previous to this last sickness, there had been frequent attacks of the passage of renal calculi. A course of treatment by the waters of Contrexeville, France, was beneficial; in fact, after his visit there never was a return of the renal difficulty. A month previous to my summons to Carlsbad, after a careful examination at his home, I recommended "the cure," as a course at Carlsbad is termed; for I found his liver and spleen considerably enlarged, the result of the old heart trouble, aggravated by an abnormal and unfortunate craving for most indigestible articles of food, which was indulged, such as fried potatoes and ham, and hot waffles and maple syrup. Careful and repeated laboratory examinations by a specialist showed the urine to be in a healthy condition.

During the voyage to Hamburg, by reason of over-eating and taking cold, the patient suffered a severe attack of gastro-intestinal catarrh, which was followed by acute nephritis, and the existing

chronic endocarditis aggravated by septic conditions. This was the condition in which I found him on reaching Carlsbad.

The medical attendant gave no hope of his recovery; in fact, insisted that he would never leave Carlsbad alive, and persistently forbade any attempt to remove him. Now since to bring him back to his home was one of the objects of my mission, these opinions at once raised immense difficulties.

It may be here remarked that of course I could not help but recognize that the celebrated consultants were accomplished physicians so far as the diagnosis is concerned; and especially having never before witnessed such an exhibition of elaborate and exhaustive and timely laboratory investigation chemically applied, I was greatly impressed by it; but on the other hand, was also strongly impressed with the fact of their sad deficiencies in prescription and knowledge of remedies. In this regard we have little or nothing to learn from them.

At one time it seemed that it would be quite impossible to secure permission from the Board of Health for the removal, especially so since the physicians so strongly opposed it, they being among other things interested financially. The sanitary and health laws governing Austrian cities are very rigid. No foreign physician can give professional attention to a patient, nor is any druggist permitted to fill prescriptions made by a foreign doctor. True, these are annoyances to the good doctor, but at the same time to the charlatan it's a very poor country; and worse than all would it be for the homeopathist trying to "save his face" by painting it with allopathic discolorations.

The patient was anxious to start for New York. He knew his condition, that there was no hope, and begged to be taken home to die. As already said, opposition to his removal was formidable, and might have been insurmountable had not the banker of the family become informed of the dilemma and at the same time that we were brother Masons, when, presto, everything was at our feet, even the druggist. Permit to leave, special cars and luxurious steamer accommodations, all were secured without difficulty. My part with the physicians was most carefully managed, so that I should not incur

their displeasure, escape comment, and gain their reluctant sanction to what was so flatly contrary to their judgment.

Three days after my arrival at Carsbad, we were on our way to Cuxhaven on the North Sea, awaiting the arrival of the S. S. Moltke, expecting to remain at the Isle of Wight to recuperate for the voyage to New York. At Cuxhaven the accommodations were so comfortable, and the breezes from the North Sea so bracing and invigorating that we remained there eight days, when we sailed for New York, landing thirty days after I had left it.

One cannot overestimate the advantages to be derived from such close contact with physicians of so high character. To follow their every up-to-date method of confirming their diagnosis, their reasoning and conclusions upon purely pathological phenomena, were exhibitions of the inexorable logic of events quite beyond the too often rapid thinking and judgments of the hurrying western world, giving one the impression of unquestionableness hard to resist.

Following was their diagnosis:

Pus cavity in left kidney; enlarged liver and spleen; septic endocarditis, and pernicious anemia. While all agreed that operative measures were necessary for the relief of the pus accumulation, yet the heart conditions precluded the use of any form of anaesthesia.

The voyage and delight of home coming were beneficial to the patient. After three days' rest, consultations were held with physicians and laboratory specialists from New York and Philadelphia, of both schools. The X Ray disclosed a calculus in the left kidney. He had so much improved since leaving Carlsbad, and which was now so very marked, that the American consultants advised against operation, and as well for another important reason, that with the crippled heart he could not safely bear the anaesthetic. Three weeks after his condition changed for the worst, and the only hope appeared to lie in removal of the calculus. Dr. W. B. VanLennep was again summoned and to bring with him Dr. J. Wyllis Hassler, the skilled specialist in the administration of anaesthetics. After careful examination of the heart, Dr. Hassler decided that chloroform might be safely administered, which was immediately done, and with the aid of the skilful surgeons, Dr. W. B. VanLen-

nep, Dr. H. F. Biggar, Jr., and Dr. M. J. Hall, a large encysted stone was quickly removed, without unpleasant effects from the anaesthetic, so masterfully given by Dr. Hassler. No pus cavity was found in the kidney, as diagnosed at Carlsbad. For twenty-four hours after the operation the patient did unusually well, when intestinal paralysis began its death work, to overcome which all our efforts were unavailing, and thirty hours after the operation the heart ceased to beat. The operation was performed four hours after his marriage.

The operation itself presented no special feature, though difficult; nor were findings phenomenal, though rare; and all connected with the work was without doubt, most skilfully done; but let it be frankly acknowledged that their real success, so far attained, was most of all due to Dr. Hassler, whose profound knowledge of anaesthetics, their choice methods of administration and management, furnished the key to all possibilities. A most unfortunate accident occurred on the Doctor's return to his home in Philadelphia. He was severely burned by the explosion of a locomotive on entering Broad Street station. He was confined to his home for months as a result, at one time his life being despaired of.

Dr. M. J. Hall, the family physician, also rendered most valuable attention, and skillful assistance.

I may not surely know, but may be pardoned the conviction, or reflection, at least, that if at the onset of the later trouble, that finally carried him down to death, this patient could have had intelligent homeopathic treatment by properly indicated remedies, which had already set up an improvement as soon as they were given, he might have recovered; not for long life; oh, no, but for long enough to have measurably enjoyed that which was just opening to him.

An incident came to my knowledge during this rather unusual experience, which may be worth relating. One member of the eminent counsel at Carlsbad had married a Russian princess, who was previously a very close friend of Emperor Joseph. Upon her marriage with the Doctor the Emperor gave her a dower suited to her princely rank. A few years afterwards, the Doctor became infatuated with a beautiful actress; but the more common strained

relations between husband and wife on account of it, and estrangement so surely to be followed by scandal in high circles, were averted by an unusual procedure. The wife, fully aware of the liason, secured a meeting with the disturber of her peace, but instead of upbraiding and censuring her for her confessed love for the husband, she laid the princely dower at her feet, exacting only her pledge to break away from the unholy attachment.

Next morning the beautiful actress was found dead in her bed by suicide.

Other pleasing incidents for which I am indebted to masonry:

In 1885, Mr. J. H. Wade, Senator Payne, Col. William Edwards and myself went abroad. Mr. Wade had just recovered from a severe illness and I had advised a sea voyage. During our visit in England and France many functions were tendered these gentlemen by American ministers, bankers and actors. At Sir Henry Irving's dinner there were many distinguished guests, and on my right at the table was a prominent English gentleman, a masonic brother. Three years later I visited England with Mr. J. D. Rockefeller and party, and as we were leaving the Buckingham Palace hotel one morning for a drive through Hyde Park, I was accosted by my friend of the Irving dinner, who invited and insisted that Mrs. Biggar and myself should attend the Jubilee Ball of the Reform club, which was held two days before the Queen's Jubilee. A hundred guineas were being offered for invitations by some who were anxious to attend this grand function. The prince of Wales, the Duke of Cambridge, and many of the nobility were among the honored guests. Before leaving London this same gentleman extended an invitation to attend the Blue Lodge at Albert Hall, where the Prince of Wales presided, and at the same communication the brother of the Khedive of Egypt was raised to the degree of Master Mason. The opportunity to attend these, to me, rare functions, was not neglected.

Dr. Geoheogan asked in regard to the range of the temperature in the case of Dr. Biggar.

Dr. Biggar answers that it ranged from 99 degrees to 103 degrees.

Dr. Kilgour desires to bear testimony to the waters of Contrexe-ville recommended by Dr. Biggar. Had a patient of 88 years with kidney trouble who was sent to these waters as a last resort twenty-five years ago and the patient got well; and all that has been present since that was a chronic pyelitis, and he will not probably die from that trouble.

UTERINE FIBROIDS.

By P. B. ROPER, M. D., Cleveland.

It is not necessary to say that the subject of Uterine Fibroid has been thoroughly studied and discussed and practically demonstrated from the surgeon's view-point, but it appealed to me in another way.

The surgeon, or gynecologist, when called upon to see cases of this kind, at once makes a local examination and diagnosis, and proceeds to map out the line of treatment and cure. Each surgeon laying stress on his own modified technique.

Now, the majority of surgical cases find their way into the hands of the local physician first, and it devolves upon him to determine the meaning of symptoms, plain or obscure, and to trace those symptoms to their lair; and often upon his judgment and ability depends the welfare, and even life of the patient.

If every symptom pointed directly to a given cause it would be easy enough, but symptoms are elusive and delusive. We have a lot of symptoms sometimes which are a creation of the mind and are not ever important; and again, we have most grave and deadly disease lurking behind unimportant and barely noticeable signs.

It is on this account that I am led to emphasize a symptom or two mentioned in every text book or work which treats of uterine fibroids. Symptoms which are misleading, and misleading because the physician does not always feel called upon to make the necessary examination which would put him on the right track.

I will first give a brief resume of the subject:

Although it is really immaterial, I would say that I do not believe the term "fibroid" is the proper one to use, in the sense in which it is commonly employed. Myoma is the word; the other

conditions are various forms of change or degeneration, as fibroid calcareous, malignant, cystic, etc.

As to the cause of fibroids, we have any number of theories, none of which are proven.

They are said to exist in 20 per cent of all women over 35 years of age. That seems to me to be too large an estimate. Of course, it is impossible to determine a question of that sort; but I do not believe that one-fifth of all the ladies in my practice have fibroids. We cannot count the cases sent to us from other physicians. Then it is reported that 10 per cent of all cases terminate disastrously sooner or later, making a mortality from this cause of five-tenths per cent of all women over 25 years of age.

Symptoms: In referring to the symptoms of fibroid, I would emphasize those which I have known to mislead the family doctor. The main point I wish to bring out in this paper, is, that whenever a female patient complains of pain in or about the hip joint, or pains extending down the thighs and legs, that cannot be accounted for on any other plea than that of rheumatism, sciatica, neuralgia, or hip joint disease, that an examination of the contents of the pelvis is imperative, and I know that more than once the lack of that precaution has resulted very disastrously for the patient, not only in cases of uterine fibroids, but in other pelvic masses producing pressure, particularly cellulitis and ovarian disease.

I will cite a few cases to illustrate: The symptoms and physical signs would lead to local examination and diagnosis and need but to be mentioned. Menorrhagia and metrorrhagia, a sense of fullness in hypogastric or ovarian regions and in the back; frequent urination, constipation, appearance of tumor or enlargement in hypogastric region.

About twenty years ago I was called upon to attend a young lady, of excessive modest mien, who complained of pain in right hip—the pain extending down leg. I treated her for neuralgia, electricity, etc., better and worse, until some time later while roller skating she unceremoniously sat upon the floor and was severely shocked. (Would allow no examination.) A few months later her troubles increased so that I discovered an ovarian tumor. Soon after she went to Watkins, N. Y., and in about a year I was called

to Watkins to see the case with Dr. Barnes, a Watkins surgeon, and Dr. Squire, an Elmira surgeon. Dr. Squire made an exploratory incision and found the tumor so firmly adherent to abdominal wall and so vascular that it was deemed expedient to back out and allow patient to die a natural death. At the autopsy several gallons of fluid removed and a solid mass that completely filled a wash bowl.

This case, by the way, was the fifteenth or sixteenth laparotomy that had been attempted, successfully or otherwise in the southern tier of the Empire State. The seventeenth case was an ovarian tumor that I diagnosed at Alpine, N. Y., and took to the Arnot-Ogden hospital of Elmira, where it was successfully operated upon by Dr. New, of Elmira. That was the first laparotomy made in the hospital.

Case II. Last October was called out of town to see a case diagnosed as loco-motor ataxia, mainly for the purpose of confirming the diagnosis made by the local physician, whose diagnosis had been confirmed a year before by a specialist in nervous diseases. I elicited a history something like this: The lady, about 50 years of age, had been complaining for two years before I saw her, about pains in legs, and was gradually losing use of them, was obliged to use a cane, then crutches, and finally was unable to walk at all, and for the last few weeks was bedridden, emaciated, sallow, rapid pulse (120), temperature 102, and was expecting to die soon. Had had girdle pains and pains in arms, but what they considered girdle pains had now disappeared, bowel and urinary functions interfered with. The knee jerk, a sine qua non of loco-motor ataxia at that stage, was not abolished, but was intensified if anything. I found a large fibroid extending above the brim into the right iliac, as well as the hypogastric regions. When the patient was lifted up her feet dangled helplessly about. Some time was spent in convincing the husband that the loco-motor ataxia symptoms would disappear if the tumor was removed. He could not readily understand that it would be very, very profitable to remove the fibroid uterus if she must soon die of loco-motor ataxia. The next day she went to Huron street hospital, Cleveland; two days afterward I removed the uterus entire and its appendages and in five weeks she was walking about the hospital and has been improving ever since.

Prognosis: The prognosis is not so favorable as one would be led to believe when he finds it classified with benign tumors. It is no more innocent than an appendicitis and the term benign gives us a false sense of security, and the physician has been led to believe that as it is not primarily malignant, it is not very dangerous; but as has been said, it is estimated that ten per cent terminate disastrously, a large percentage, and we should be alive to our responsibility in such cases. They may degenerate; become malignant and cause death; may suppurate, patient may become septic, in cases of sloughing fibroids. Pressure symptoms may develop, nutrition interfered with, profound anemia ensue, *ureters* may be compressed, followed by uraemia, so that with certain exceptional conditions we have grave danger from fibroids.

(1) Functions of bladder and rectum may be seriously interfered with, and patient may lose control of limbs and suffer much pain with pressure upon nerves.

Treatment: Treatment varies; it depends upon age of patient, size and locality of tumor and its pathological condition. I will merely mention, in a general way, methods I prefer:

In pedunculated form, transfix pedicle close to uterus and tie it off.

In sessile variety, enucleate if tumor does not extend too close to uterine cavity. If tumor is small and patient near the menopause—remove the appendages, cut off blood supply. If large fibroids, intestinal, not amenable to above treatment, and not implicating the cervix—I prefer the amputation of uterus at cervix, cutting down at an angle of about 45 degrees, the wedge shaped incision, cauterizing stump, bringing cut surfaces of cervix together with catgut and sewing peritoneum over the stump. If cervix involved in malignant degeneration or otherwise, hysterectomy.

FORMALIN IN PURULENT PERITONITIS.

CHARLES E. WALTON, M. D., Cincinnati.

Where sepsis is there should its destroyer be also. There is no greater source of anxiety to physician and surgeon than septic infections. The fountain of life is poisoned and the very existence

of every tissue that drinks thereof is threatened. "Blood poison" is the danger signal both to the laity and the profession. The news reporter makes much use of the term to enrich his account of the slightest wound, and the whole armamentarium of the surgeon is frequently called into activity to allay its ravages.

Since the earliest recognition of the part played by micro-organisms, and their ptomains in the production of sepsis, there has been a continuous effort made to find a safe and efficient germicide.

The manufacturing chemist has flooded the market with substances designed to accomplish this result. It is not the purpose of this paper to exploit these products, or speak of their comparative merits. Their name is legion, their virtues various, and it would take too much time to recount them.

My experience with formalin, which is 40 per cent solution of formaldehyde in water, has been so favorable that it should be mentioned. For some time I have treated abscesses in the external portions of the body with a two or less per cent of this agent with the invariable result of quickly stopping pus formation. This led me to use it in the following case:

A large, suppurating ovarian cyst was removed by abdominal section, during which pus contaminated the peritoneal cavity. Drainage was provided through cul de sac of Douglas, by introducing a large rubber tube. There being no discharge, it was removed in the fifth day. On the ninth day there was a discharge of a large quantity of very foul smelling pus from the abdominal wound. For two days the cavity was irrigated once a day with normal salt solution. On the twelfth day, the discharge still continuing, and the atmosphere of the room seeming to be laden with its carrion odor, ten drops of formalin to the quart of normal salt solution were used, once a day, and the solution allowed to remain. In 48 hours the odor was gone and the discharge greatly lessened. On the sixteenth day after the operation, or seven days after the first discharge, there was no longer any pus and the opening was closed by adhesive straps. The recovery was rapid and uneventful. This result was little short of marvelous, considering the character, quantity and location of the pus, and the time usually required to close such a cavity. This is the first time I have used formalin in the peritoneal

cavity. Should I meet with a similar necessity, I feel that I have in this agent a speedy and safe pus killer.

I found little discomfort from its pungency, so characteristic of formalin, and avoided the distention incident to the use of dioxygen; the latter agent should never be used in a closed cavity, owing to the great tension it produces, but the former can be used after aspiration, and allowed to remain, with the frequent result that pus formation is stopped at once.

With me tuberculosis abscesses have yielded to one aspiration and one injection of formalin, two per cent. It does not follow, however, that intravenous injection of formalin will cure septicaemia, yet experiment in this direction will doubtless establish its usefulness in some cases. When we reflect that the result in my case was accomplished with a 1 to 1500 solution, we may doubt the necessity of using a 1 to 500 solution for intravenous treatment of septicaemia.

If some one shall say that my case was not one of purulent peritonitis, but only a case of walled off pus in peritoneal cavity, I shall not resent the criticism, further than to ask is there a better way of managing a similar than the one employed by me?

Dr. Beebe: Wouldn't that be good treatment for hydro thorax?

Dr. Walton: Certainly, it would be as safe there as anywhere else. But if you put a two per cent solution in most cavities, your patient will have no doubt of heat in a future life. The proper quantity is 10 drops to a quart of normal solution.

CIRRHOSIS OF THE OVARIES—NEURASTHENIA.

By MAURICE P. HUNT, M. D., Columbus.

I have inflicted upon you a "double header" on this occasion, but I do not intend to take up double the amount of your time in putting the subjects before you for discussion.

Cirrhosis of the Ovaries. By this term is meant a chronic interstitial inflammation, resulting, as the disease progresses, in the destruction, or absorption, of the true gland elements, so that no vascular or medullary substance remains; nothing left but fibrous

tissue. As a result of this absorption, such ovaries resemble the convolutions of the brain in miniature. They are grayish or yellowish in color, atrophied and hard to the feel. This condition is one involving the ovaries alone; neither the tubes nor peritoneum are involved.

Causes—Acute interstitial or parenchymatous inflammations of the ovaries are often caused by exanthematous diseases; small-pox and scarlet fever stand out most prominently in this connection. From the acute, the inflammation is almost certain to take on chronicity and result, in the interstitial form, in cirrhosis and, in the parenchymatous form, hypertrophy, cystic degeneration, etc.

Prolapsus of the ovary with retroflexion of the uterus is a frequent cause of this trouble.

Rapid development and obesity in young girls; those having a scrofulous diathesis, where there is scanty menstrual flow and, later on, amenorrhoea. If this condition is allowed to progress, it will result in cirrhosis of the ovaries.

Symptoms and Diagnosis—To make a diagnosis of this condition is somewhat problematical. There is dysmenorrhoea of more or less severe character, the pain beginning two days to a week before the menstrual period; it is characterized by sharp, darting, sickening or throbbing pain, in the region of the ovaries; the left usually worse than the right. There may be hysterical manifestations, backache, etc., with pain running down the thigh and into the hip joint. Between the menstrual periods there is an interval when the patient is comparatively free from pain of the character just described, but there is in its place a dragged out feeling which incapacitates her from all work or "play;" there is no enjoyment in life for her. If married, she is sterile and the sexual instinct is very much impaired, if not entirely absent. The problem which makes diagnosis from the symptoms difficult lies in the fact that the patient suffering from hypertrophied ovaries, which arises usually from parenchymatous inflammation, will complain in nearly the same way. The pain is about the same at the menstrual period, but unlike the other, the pains are very likely to recur in the interval, from over-exertion or the other common causes, such as getting the feet wet, catching cold, etc. If married, the patient will likely

be sterile, but the sexual instinct is not impaired; in fact, it is often exaggerated. In young girls, masturbation is not uncommon in chronic parenchymatous inflammation, with the hypertrophy and cysts that are always present.

In making the physical examination, the cirrhotic ovary, even under an anaesthetic, cannot well be made out except in a very thin subject. If it is felt, it will be small, hard and movable. Movable because adhesions are seldom present. With the hypertrophied ovary it is different. This is easily made out. It is normal, soft and often fluctuating; fixed, as a general thing, or only partly movable. If the examination is made by a specialist, he is careful in his manipulations, as the walls are easily ruptured. The fluid contained in these cysts is usually sterile, and nothing more serious is likely to follow this accident than a localized peritonitis; but even this is not to be desired. All told, the subjective and objective symptoms carefully considered, there is little difficulty in making the diagnosis.

Treatment—The cirrhotic ovary cannot be cured, for the simple reason that tissue once destroyed cannot be replaced. Much may be done for the young woman to prevent this condition when it is threatened, by hygienic measures and the indicated remedy, but when the stroma and follicles are once destroyed, there is no use holding out false hopes to the patient, for the condition simply *can not be cured*.

Fortunately, however, many of the symptoms, more especially the *painful symptoms*, can be cured by the removal of the diseased organs. This is a simple procedure in the hands of an operator, as there are usually no adhesions and nothing about the ovaries or tubes to promote sepsis; and when it is done, the woman who has suffered for years will receive immediate relief.

Sentiment should not be allowed to cut any figure when advising the removal of the cirrhotic ovaries, for they are as good as dead as far as functioning is concerned, and the woman is much better off with them out of, than in, the body.

Neurasthenia—"Neurasthenia is a chronic functional nervous disorder which is characterized by an excessive nervous weakness and nervous irritability, so that the patient is exhausted by slight causes and reacts morbidly to slight irritations." (Foster).

The causes, summed up in a few words, are heredity, suggestion, pelvic disorders and faulty ways of living.

Symptomatically, neurasthenia covers a multitude of ailments. Among hundreds of cases, no two will be found alike, yet each individual patient will present a perfect picture of neurasthenia. The reason for this composite picture is, that every organ and tissue in the body is liable to functional derangement, from malnutrition and other causes, and this derangement gives rise to symptoms that simulate, very closely, actual diseases of some organ or tissue, and this creates among the many cases a very large array of symptoms. Fortunately, the individual patient is not obliged to carry the whole load, but is allowed to choose her own particular set of symptoms.

In the composite picture are the following symptoms which may be called pathognomonic in lieu of a better term. Nervous exhaustion, which is often classed as prostration, debility or weakness; inability to walk or exercise but little without great fatigue; muscular irritability often with tremor; headache, aching or pain in the back or legs. Derangement of the digestive tract; dyspepsia, constipation; resulting, often, in anemia and autotoxemia. Mentally, the patient is irritable, unable to pursue a consecutive train of thought, except it be directed toward her own particular ailment; and she is supremely selfish.

If to these symptoms are added those belonging by right to the individual case, there is but little difficulty in diagnosis. However, it must be borne in mind that the neurasthenic tells her story so clearly and concisely, with so much force and feeling, and goes into details with the carefulness and precision of an experienced juror, that it is very difficult, at times, to believe that the morbid conditions which she describes are not actually present. She always has her own diagnosis with her and believes implicitly in it; the conditions she describes are real to her and there is no prevarication. Here is where the neurasthenic patient differs from the hysterical. The neurasthenic will tell the truth. She thinks she is right—therefore it is no lie. The hysterical patient, on the contrary, is deceitful; she will lie in actions, if not in words, and is conscious of it—else it would be no lie.

The minister asked a little girl one day to define a lie. Her answer was, "A lie is an abomination unto the Lord; an ever pres-

ent help in time of trouble." The average hysterical patient undoubtedly has this definition by heart.

The difference between the neurasthenic and the hypochondriac is one of degree only; the hypochondriac is a neurasthenic who has been "raised" to the "Third Degree." She "has it bad" and broods over her condition constantly. This is not so with the neurasthenic, *per se*; more often she is cheerful and even egotistical over her ailments. Take, for example, the long-time bedridden female with "spinal complaint." Always smiling, and cheerful at your visit and when friends call; eager for sympathy and condolence, and her face actually lights up with pleasure and pride at mention of her sufferings, and the fortitude with which she bears up under them. Look, again, at the long suffering asthmatic, or the hay fever patient who, before a certain day in the month of August must have change of climate or a long siege of her dreadful malady. I firmly believe that, if the calendar could be moved forward a month or so, unknown to her, she would just as surely escape her attack as though she went to the lakes or some other place "where hay fever is unknown."

In considering the matter of treatment, I will confide to you my reason for choosing this subject. Neurasthenia has been my *bête noire* ever since I began the practice of medicine, and I would like to know how to cure my patients. I hoped that I could, by starting the ball rolling at this meeting, get an open, free discussion upon this subject of the treatment of neurasthenia, and I trust that you will each add something to my experience.

We all know of some wonderful, startling cures of this trouble, but for the most part they were made by persons entirely outside the domain of medicine. These fellows step in where the physician has labored for weeks, months or years over a patient, and has failed to do more than palliate. Shortly the miracle is performed and the patient is *cured*; not "helped" or "palliated," but actually *cured*. What is the secret of their success? Why does the physician, with all his knowledge and equipment, fail? I think I can tell you why the doctor fails, and why the outsider succeeds and in doing so will take the whole responsibility. I will take the "bed-ridden female with the spinal complaint" as an example again. I know her; I

treated her for months. To my certain knowledge there was no organic disease about her body. She was always cheerful in my presence, but irritable and cross to her attendants; always a "little better" or "not quite so well;" pain better in this region, but worse in the other; no appetite, or ate with a relish something a friend brought in to her. Same old, monotonous round, every time I called, month in and month out. Disgusted? Yes, and I was glad to give up the case. A Faith Curist stepped in when I stepped out and the result was, that within twenty-four hours the patient was sitting up, within forty-eight hours, walking about the house, and in less than a week was at church, praising the Lord for her deliverance.

Now, I believe you will all agree with me that this is not an exaggerated case. This patient belonged to the composite picture and had her own side show in the aggravated form. She believed fully that she had spinal disease and would never recover from it. I knew she did not have it and might recover, but I failed to tell her so. She, unwittingly, set the trap, and I, with my eyes wide open, fell in. I should have told this patient the truth at the beginning; should have told it with so much force and feeling that she would have believed every word I said and have done just as I ordered in every way. In other words I should have *mastered* her. But I did not do this. I began wrong by catering to her whims; heard her long story and looked and acted as though I believed every word of it and sympathized with her. I listened to her long array of symptoms and prescribed the "indicated remedy" for those most prominent; from that time on I was in it. No use to say that I did not prescribe carefully, for I did, and she will tell you that my remedies *always* helped her, and this is true; no matter how "high" or "low" the potency, the particular complaint I prescribed for was relieved. But, alas! There she lay and I could not have gotten her out of bed with a derrick!

This, in my opinion, is the secret of failure on the part of the physician to cure these cases; the secret of success on the part of the "Faith Curist," "Christian Scientist" or whatever he calls himself at the time, is in directing the patient's thoughts in the proper channel. He does not sympathize, nor take for granted any-

thing the patient says; nor does he argue; nor does he try to explain the disease away, as no disease. If he undertook to "explain" he would make the same failure of it that you and I do. No, he tells the patient just so much truth and *makes her believe it—and then work out her own salvation.*

To my mind, some form of suggested therapeutics is the proper treatment for neurasthenia.

Properly administered it will promote a *cure*.

Administered with "picric acid" or any other remedy does not lessen its efficacy.

Picric acid, or any other drug, without its therapeutic ally, suggestion, will not cure. What do you think about it?

Dr. Sawyer: This was certainly a very interesting paper—interesting from both standpoints, surgical and gynecological. Those of us who have much to do with gynecology know that at times many of the cases of cirrhotic ovary have been unfavorably influenced against operations by general practitioners. There is certainly no case with which we are familiar that admits of surgical operation more than cirrhotic ovary. There is no case that comes from the hands of the general practitioner for surgical treatment more often than this class of cases. If the general practitioner discovers that he has an ovary that is smaller than normal, not performing its functions, and he is not capable of judging what to do with that case, then he suggests to the patient the advisability of consulting a specialist. He would confer a lasting favor upon the specialist and a boon to the patient if he would not long defer this suggestion of more radical treatment. Now as to the neurasthenia. I am satisfied of my own mind that Dr. Hunt has been classifying these cases incorrectly. I do not believe that the case he cited was one of neurasthenia. It was chronic melancholy. I believe that there is a physical condition behind these cases that is responsible for the manifestations, and that we should be more careful and more skilful in our examinations for such physical causes. Not every case of neurasthenia can be determined by a careful physical examination. There is some trouble with the assimilation and the elimination, both. In making blood counts in these cases, you will

find invariably that they are rather below the normal in the red corpuscles. In a case of melancholia you will find a physical examination to be of great help to you in determining what kind of a case you have. I do not believe that a case of neurasthenia is any more amenable to suggestive therapeutics than any other disease that we have to treat. I believe that the lines of treatment should be such as handle the physical forces along the line of correction of assimilation and elimination.

Dr. Cameron mentioned that the chief causes of this disorder as stated in Dr. Hunt's paper are heredity, stomach disturbances, improper living. Dr. Sawyer in his discussion says that the best way to get at this disease is to treat the powers of elimination and assimilation. My idea is to get at these cases, give them daily rest and fresh air, then you will get better assimilation and better elimination. Then you will have a higher percentage of haemoglobules and the blood count will be better.

Dr. Horner: I am entirely in accord with Dr. Sawyer's opinion. It is a medical condition in every case. Where you have a neurasthenic condition you will find some physical defect. I deem Dr. Hunt's statement entirely erroneous. Hysteria is an evidence of existing disease.

Dr. Walton: I quite agree in the necessity of getting control of the patient in working these marvelous cures. In an ancient temple there were three doors. The first one had over it, "Be Bold!" The second, "Be Bold and Ever More Bold!" The third said "Be Not Too Bold!" So in handling these diseases. I would say, Control, Control and ever more Control. Don't Control too much! A woman has been in bed for a long while. I diagnosed it as one of these hystero-melancholico-hypochondriaco neurasthenic cases. I told her if she didn't behave herself I would call for the police patrol wagon. And she was so controlled in three minutes that she threw a coal oil lamp at my feet.

Dr. Geohagan: It is easy to confound hysteria with neurasthenia. Both may co-exist with organic lesions, and of course these factors must be duly considered in the management of the case. The hysterical patient simulates many diseases; generally speaking, the neurasthenic does not. The hysterical subject wel-

comes a sympathizing friend; one with neurasthenia wishes to be alone. Given plenty of rest and sleep, abundance of fresh air and sunshine, a fair amount of recreation and mental diversion, and skilful attention to digestion and elimination, neurasthenia is readily cured. Hysteria may cease its active manifestations, but is merely latent, and the stigmata ever remain.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.

C. O. MUNNS, M. D., - - - - - Oxford.

"How this Bureau Can be Made Useful to the General Practitioner."

A. B. NELLES, M. D., - - - - - Columbus.

"Myopia."

HOW THIS BUREAU CAN BE MADE USEFUL TO THE GENERAL PRACTITIONER.

By C. O. MUNNS, M. D., Oxford.

Probably no class of diseases receive as little up to date treatment by the general practitioner as those of the eye and ear; and certainly none deserve more careful attention. I believe it possible for this bureau to increase interest along these lines among the members of this society by encouraging the presentation of papers on carefully selected topics—by the general practitioners showing their needs in this direction from their own standpoint; papers by the specialist, defining the relation of diseases of the eye and ear to general diseases, papers clearly stating the cardinal diagnostic symptoms of the grave forms of diseases, their early treatment, and specifying the indications requiring the care of the specialist; papers by the specialist reviewing the up to date treatment of the more common forms of diseases usually falling to the lot of the general practitioner. There are very few, if any, general practitioners among us who can not present clinical cases on failures describing which is a very desirable method of gaining information.

Short, terse, clear-cut papers, freely discussed by both the general practitioner and specialist are highly desirable. The specialist is, and ought to be, the friend of the general practitioner; and it is our duty to let them know our needs. There was a time in our lives when we learned much by asking questions, and I still believe this to be a very commendable method of acquiring knowledge.

MYOPIA.

By A. B. NELLIS, M. D., Columbus.

The typically myopic eye is one in which the antero-posterior diameter is too long.

Rays of light which are parallel on entering this eye are focussed and then become divergent by the time they reach the retina. So the *uncorrected* shortsighted eye *never* sees distant objects distinctly.

On the other hand, divergent rays when brought together upon the retina are focussed with little or no effort on the part of the muscle of accommodation, and thus the myope, whose far point is sufficiently in front of his eye to present the necessity of excessive convergence, will perform what is termed *close work* with less effort than though his eyes were perfect.

As myopia follows civilization, and culture, the question may arise whether the tendency toward an increasing refraction in the eyes of civilized people is not an evolutionary adaptation to the demands of civilization for a great amount of close work on the part of the eyes, as to whether under existing conditions a reasonable amount of myopia is not something rather to be desired.

The answer is unquestionably no. It is to be prevented and controlled by every possible means.

First, because the shortsighted eye is a diseased eye, and second, because it never is capable unaided of performing properly all its functions, and lastly, because when an eye once starts on the road toward myopia, or becomes myopic, its tendency is always dangerously toward a constant increase, not only in the refractive error, but the diseased conditions accompanying it.

Myopia is not inherited. Practically speaking no one ever comes into the world with shortsighted eyes. That the children of myopes, on account of inherited weaknesses or peculiarities, have a tendency to become myopic is probably true, just as the children of tubercular parents are prone to become tubercular. The child is born with eyes considerably farsighted. In the development of the eyes, this diminishes in amount, but when development is complete, if it has taken place normally, he is still left with a small amount of hypermetropia.

What starts him on the road toward shortsightedness? When he is growing rapidly he is, at the age of five or six years, suddenly thrust into school and from that day he has a constantly increasing amount of work placed upon his eyes. Now, possibly his physical condition is not good. He may have inherited a lack of firmness in the coats of his eyes. He may be abnormally farsighted or astigmatic, and so performs his duties with eyes always irritated; always overworked; and from this comes a low grade inflammation; and then because of the more or less constant action of the muscle of accommodation, or because of the pulling of one muscle, or the pressure of another during convergence, or on account of any one of a dozen other things, the coats of the eyes become weakened, stretch and give way about the entrance of the optic nerve, and he has become a myopic child.

Now the best that can happen is that this process becomes stationary, when his myopia is of a low degree. In this case he is enabled to do close work easily. But if his *distant vision* is uncorrected, his shortsightedness has a very decided influence on his physical and mental development. His poor distant vision unfits him for taking part, with any pleasure, in the sports and pastimes of his associates, so he gradually withdraws from the excellent influence of comradeship, spends more and more time at his books, becomes introspective, and sedentary in his habits and finally, even if his method of life does not react upon his eyes and make them eventually practically valueless, he is at least in danger of becoming narrow minded and suspicious and mystical. The worst that can happen to him is that his myopia continues to steadily increase until his eyes become practically useless, or even blind.

Have the efforts to prevent and control myopia accomplished anything of material value? They unquestionably have. Germany was *forced* into giving this subject special attention and legislation some time ago, and she is already reaping a good reward. This country, having from the experiences of the older nation, set to work in time to undoubtedly prevent much myopia, and to unquestionably lessen the number of cases that become progressive. But there is still ample room for work, and especially for education on this line, and the best results will never be obtained until it is thoroughly

understood in the profession that the responsibility does not rest entirely upon the ophthalmologist; that in fact the major part of it does not rest upon him.

You may theorize all you choose as to the *direct* cause of myopia. You may say it is due to the action of the ciliary muscle in prolonged accommodation. You may lay the blame on convergence, and in that case place the direct responsibility upon the pulling of this muscle, or the pressure of that, or you may distribute the blame impartially, and the fact still remains that if children were always in good physical condition, if they had eyes that would perform a fair amount of work easily and comfortably, and they were worked only to a rational degree, the aforementioned things, which always obtain during close work, would not be sufficient, either separately or collectively, to produce myopia.

I shall not mention the thousand and one things that are recommended to enable the eyes to do their work easily, and to prevent irritation and disease. To have in the schools woodwork of a certain size and character, blackboards of one color and paper of another, double columns in all books, and artificial light always of the best quality and always properly filtered through shades of a certain kind, is in most instances either impracticable or impossible.

So many details are necessary to make the ideal that in floundering among them more are in danger of being led away from those few things that are vitally important, and also of thinking that because the many things are impossible, it is useless to pay attention to the few. If we can educate people to the belief that it is wise to allow a child as much time as possible to develop before putting its eyes to work, and so in place of starting them to school as soon as the law allows, or a year or two sooner, it would be much better not to enter them until they are seven years of age, we shall have accomplished the first important step in the prevention of myopia. If when we place them in school we see that they have plenty of light and fresh air, and a suitable desk to work at, we have accomplished the second important thing. Then if we can teach people, in a good common sense way, that the eye is not a thing apart from the rest of the body; that

the same things that affect the muscles and nerves of the arms and legs affect the muscles and nerves of the eyes; that the same laws govern them, we shall accomplish a third, and most important thing.

This means that poor health and good eyes never go together, and that a fair amount of eye work demands a fair amount of eye rest, just the same as a fair amount of ditch digging demands a fair amount of back rest. It means to the welfare of the eyes of children the importance of cleanliness, regular habits, good food, abstinence from tea and coffee and plenty of outdoor work or sport.

It means when a child's eyes have done the required school work they have done enough, probably too much, close work, and the child should be prohibited indiscriminate reading, and all the joys that come from working cardboard mottoes, or counting the dots that go to make up a picture which covers the whole side of a Sunday paper.

And then if we see to it that all eyes that are wasting energy on account of excessive farsightedness or being constantly irritated by an astigmatism, are by careful correction given an opportunity to work easily and comfortably, we shall accomplish the last step in the prevention of myopia.

In this part of the work it would not do to belittle the correction of slight errors, especially of an astigmatic nature. The eye with but a quarter of a dioptre or less of simple hyperopic astigmatism, if it is irritated by that error, is in greater danger of becoming myopic than if the astigmatism were combined with hyperopia, and were ten times as great in amount.

Poor health means poor eyes; strained, badly working eyes mean poor health, and so cause and effect continue to work in a never ending cycle.

The oculist who would make the prevention and treatment of myopia largely a matter of glasses and tenotomies makes a grave error. The practitioner in the broad field of general medicine who harps at and ridicules and tries to belittle the importance of these is at least laying himself open to very just criticism.

Dr. Beckwith complimented the paper and its author and deprecated the fact that no discussions seemed forthcoming. He said that common sense in regard to teaching children is a very important idea, and the essayist had presented some most valuable ideas along this line.

Dr. Stewart: It only comes to me as Dr. Nelles is speaking that about 75 per cent of people are not wearing glasses to correct vision. They are wearing glasses to prevent reflex troubles. The children that you see wearing glasses get well in time and escape the necessity of long wearing the glasses in many instances. I have seen that in my own work—where six or seven or eight years of glasses would enable the patient to remove these glasses. Another point is that glasses are worn to prevent other diseases. I don't mean by that to include the haphazard prescriptions that are frequently made. I mean those errors of refraction which are carefully corrected with a careful following out of the different methods of diagnosis and principally in those cases, more than in any others, where the miotic has been used. I think you will find that the specialists are seeing fewer cases of glaucoma than they did 15 or 20 years ago, and one of the chief influences in reducing that condition is thought to be the wearing of glasses in hyperopia.

BUREAU OF OBSTETRICS.

H. B. FAULDER, M. D., Chairman,	- - - - -	Wapakoneta.
"Tact in Obstetric Practice."		
C. C. MEADE, M. D.,	- - - - -	Cincinnati.
"Ignorance in Obstetrics."		
CHAS. HOYT, M. D.,	- - - - -	Chillicothe.
"The Application of Heat and Hot Water in Easing and Shortening Labor."		

IGNORANCE IN OBSTETRICS.

By C. C. MEADE, M. D., Cincinnati.

A truly defined obstetrician is rarely seen. We have our specialists in many other lines of work, i. e., eye, ear, nose and throat, gynaecology, general surgery, etc., while the obstetrician exists in name only. Probably a more convincing result will be obtained by comparison between the above series of specialists, the general practitioners and the obstetricians. In the former, the majority of them do exclusive work and in the latter, I know of *none* who do exclusive work in the practice of obstetrics. There are those of us who teach it, yet all of us do general practice, thereby exposing ourselves to filthy contagious diseases, from which arise infection and no doubt otherwise avoidable fatal results. Thanks to progress, the entire censure does not exist in present conditions, as the present enjoys a *decided* improvement over the past, yet it is seriously incompetent. I dare say a single school cannot be found in the whole United States which offers a special course worth the time and money spent to obtain it.

The chair of obstetrics has not been given proper consideration in many colleges, the bedside instructions deficient, the charts and apparatus of every description inadequate; in fact the college curriculum was not so formulated to place this on a par with other chairs, and when time for graduation arrived a student who had obtained a passing grade upon all chairs save obstetrics, was given a diploma. I may be unnecessarily interested in this sub-

ject. I think there is no place in the field of the practitioner which gains for him so much respect and places him in the role of first physician in his community as being a clean, capable and courteous obstetrician.

The college curriculum formerly gave a little instruction and advantages in clinical work, it now gives *very much* more, and I do hope there will be sufficient development to convince the profession the need of special lying-in hospitals, especially conducted and equipped to care for and induce the wives of the laity at large to go to such hospitals to be confined, which guarantees competent attendants and clean surroundings with far better results than can be expected from the present manner of conducting parturient cases.

Grant that an accoucheur should at least acquaint himself with normal conditions of mother and child from an obstetrical standpoint. If so I consider him or her a safe attendant, for a sufficient amount of the abnormal will come instinctively to render him or her reasonably capable.

It is not abnormal conditions of the mother and fetus which so frequently result seriously in child birth, but is badly managed cases; more in which conditions are not abnormal, but possibly better termed unnatural. In such cases there is sufficient room for the birth of the product if the parts are properly adapted to each other, regarding relation of head to pelvis, or obtaining and maintaining complete flexion of the child's head during labor. So many physicians conduct these cases without knowing the position from which the child's head is being born and their excuse for delays, are parts of mother not elastic, small build of mother's pelvis, abnormally large fetal head, etc., when such is *not at all* the case; in fact, there exists not one single abnormal feature. There is not in the least a disproportion existing between fetal head and parturient canal, the fact is from some unnatural circumstance, the occipito-frontal diameter $4\frac{3}{4}$ in. or the occipito-mental diameter $5\frac{1}{4}$ in. in length is endeavoring to pass through the antero posterior diameter of the pelvis which is $4\frac{1}{2}$ in. in length, which is a mechanical impossibility. These are almost without an exception forceps cases, resulting in overlapping of cranial fetal bones and meningi-

tis, also in destruction of the soft parts of the pelvis, followed by necrosis and suppuration. In a large percentage of these cases the condition might have been corrected, the child's head being born from one of the occipito-anterior positions bringing the cervicobregmatic diameter $3\frac{1}{4}$ in. in contact with the antero-posterior of the pelvis $4\frac{1}{2}$ in. which would have resulted in an easy, safe delivery to both mother and child.

In another case the child's head is slow in engaging, it bobs about from one crest to the other until it eventually becomes engaged. It does not occupy the antero-posterior diameter of the pelvis but drops to the transverse diameter. If sufficient room is not found in this diameter the head becomes oblique in its course, thereby bringing the bitemporal instead of the longer diameter, the biparietal, in contact with the antero-posterior diameter of the pelvis and yet if there is not space enough for passage the expelling forces mould the head with the anterior parietal bone leading, having an extremely large caput succedaneum, an overlapping of parietal and frontal bones, necrosis of the soft parts over the portion of the head which received the excessive pressure with a spoon shaped head, all due to a simple flat or a rachitic pelvis, the attendant said the head was too large or the pelvis too small. If he had taken the pains to have known the antero-posterior diameter of the pelvis is long enough when normal and if flexion did not exist, had he obtained it and maintained it he would have readily discovered the abnormal pelvis with which he had to contend, consequently he would have conducted his case upon the principle of having an abnormal birth canal.

It is important that the obstetrician should readily diagnose between a true post partem hemorrhage and a simple copious flow, the former, to with great haste make use of intelligent treatment for checking it, the latter to avoid unnecessary excitement and the improper treatment of it which if indulged in might cause a shock and collapse of the parturient mother.

If breech presentations were conducted in a scientific methodical way, avoiding traction upon the presenting parts, exerting pressure upon fundus uteri, there would be a marked decrease in the per cent of still births coming into the world from this form of labor, which practically defines the value of noninterference.

The last item, but not the least by any means, to be considered is a diagnostic point between a physiological and a pathological condition in the puerperal woman, during and immediately after labor her pulse is accelerated correspondingly to the amount of exertion and the duration of labor, it usually, under normal conditions, becomes retarded to 50 or 60 beats per minute; within a few hours the pulse rate returns to the normal, and if the rapid rate is not followed by the retarded rate we may look for serious collapse from extreme exhaustion or concealed hemorrhage.

Authorities tell us a temperature of $99\frac{1}{2}$ to $100\frac{1}{2}$ occurring sometime within 72 hours after child birth, is physiological, if this physiological in some, why does it not occur in all cases? I do not believe any temperature save that which might come from exertion is physiological and they *all* should be investigated, the cause ascertained and the remedy applied that the mother may promptly convalesce and readily be restored to normal condition.

THE APPLICATION OF HEAT AND HOT WATER IN EASING AND SHORTENING LABOR.

By CHAS. HOYT, M. D., Chillicothe.

It is my desire, in writing this paper, to serve a double purpose by bringing ease and comfort to parturient mothers and at the same time lighten the labor and shorten the period of detention on the part of the attending physician. Nearly every physician dislikes, to a greater or less degree, the obstetrical part of his practice; largely so because it takes so much of his valuable time, and causes him to lose so much other business that cannot wait his indefinite return. Then too, the prolonged suffering of the patient is very nerve-racking and exhaustive even to the hardened and experienced physician who has passed through many similar battles. After some of these prolonged seances, it is difficult to decide which one looks the more exhausted and hollow eyed, the doctor or the new made mother. How to save time for the doctor and suffering for the mother are the objects to be accomplished by the intelligent use of heat, both wet and dry, as indicated by the title of this paper.

It is not my purpose to discuss the various causes which lead up to and cause dystocia in its various forms and varying degrees of intensity, especially among the higher classes of society, but rather to help you to overcome these difficulties in all cases not strictly surgical. The use of heat in labor is both rational and helpful, and at the same time is cleanly and carries with it no element of danger from contact or infection, and can be found in the humblest home as well as in the finest mansion in unlimited quantities.

For my knowledge of the use of heat and hot water in the ease-ment of labor I am indebted to Wm. A. Galloway, M. D., of Xenia, Ohio, who is the inventor of the Galloway Obstetrical Pan and the method and technique of using the same. Two years ago, while visiting friends in the town where I practice, he called upon me and after talking to me for some time regarding the merits of his invention, and explaining its application in detail—I concluded it was at least worthy of a trial. However, I don't think I believed more than half he told me of its merits; but after deliberation I decided to purchase the outfit, thinking it would be just one more gold brick added to my already elaborate collection. Well, I have been using it from that day to this with pleasure, and I may add, profit to myself and joy and satisfaction to my patients, and have often wondered how I ever got along without this wonderful helper for more than 20 years of active practice. The way I did get along with it was by the loss of time and business and increased suffering of my parturient patients. I will now describe the Obstetrical Pan and the proper method of using it.

The Galloway Pan is made of an especially fine grade of rubber and has very smooth surface. It consists of an inflatable rim with a large sagging bottom to accommodate the hips to the uneven surfaces of the bed without kinking the rim, and thereby breaking down the dam and wetting the bed when the pan becomes partly filled with water. The bottom is joined with a rounded attachment to the rim at its under surface, so that there is no crease at the line of its juncture to the rim for lodgment of any foreign matter. To the pan is attached an ample hot water pad which is filled with hot water, and upon which the patient's back rests and is

strongly and firmly supported, when she is in proper position for the hot douche to be applied. This pad filled with hot water upon which the back and hips rests is certainly a great help and comfort to a woman in labor, as it greatly relieves the nagging pains and nervousness almost universally attendant upon cases in the earlier stages of labor. With this description of the Galloway Obstetrical Pan, the technique of its use and the general results to be observed are as follows:

When called to a case of labor and upon examination the os is found to be dilated to the size of a dime or larger, and you are satisfied from the character of the pains that true labor has begun, you prepare to use the Obstetrical Pan in the following manner: The hot water pan is filled with hot water, or water as hot as the patient can lie upon comfortably, and the inflatable rim of the pan blown full of air; the pan is rinsed with hot water and then dried; then slipped under the patient in proper position; then take a pitcher or some suitable receptacle filled with water as hot as is bearable to the hand; with the patient's knees flexed, set this vessel containing the water in the bed between the patient's knees, close up to the Obstetrical Pan, or even set it in the pan, and with a continuous flow Alpha syringe which belongs with this outfit, you are ready to apply the balance of the heat relaxing process.

Drop one end of the syringe into the vessel containing the hot water, compress the bulb of syringe until the water begins to flow; then introduce the rubber tube extension that is attached to the nozzle of the syringe well up into the Douglas cul-de-sac, and with the thumb and forefinger of the left hand close the vulva tightly around the tube by pressing the sides of the vulva together. Work the bulb of the syringe, completely filling the vagina with the hot water and retain it thereby still compressing the sides of the vulva, until another pain comes on, when the water will be forced out. After the pain subsides, again fill the vagina in the same manner and retain until another pain comes, and so on for perhaps fifteen minutes. After using say half a dozen retained injections the os will begin to soften and relax, and when this condition becomes apparent the operator can, while still using the water during each subsequent pain, introduce the index and middle fingers into

the vagina and dilate the os by passing the fingers around its circumference with an upward pressure. This can be done without especially adding to the severity of the pains or causing the patient special annoyance. When the pain subsides, then again fill the vagina with hot water. After continuing this work for say fifteen minutes, a rest of half an hour or so should be taken; then a second series of retained injections should be given accompanied by the manual dilatation as already indicated. By the time the second series of injections are completed dilatation of the os will be far advanced, and the bag of water can be ruptured and the os slipped over the occiput, or the forceps be applied should the necessity become apparent. The vagina clean of all debris, the maternal parts are properly prepared for any operative interference that may become necessary.

In using this treatment, after the first series of retained injections, the vagina becomes thoroughly lubricated with fresh secretions, caused by the stimulating effect of the hot water upon all the vaginal secretions. Before I had any experience in using the retained injections I was of the opinion that its use would cause great dryness of the parts, but the facts are that the effect is exactly the opposite; and at the same time the vaginal walls and perineal muscles become perfectly relaxed and yielding.

However, when the head becomes engaged in the pelvic inlet, in spite of all the favorable conditions of the maternal parts just mentioned, aided by regular and sufficient pains, the labor may become slow and exhaustive. This difficulty may be caused by some irregularity of the pelvic diameters of the mother or some faulty presentation of the child, or by the child's head being unnaturally large, hard, and incompressible. These conditions must of course be overcome by the skillful use of the forceps, in order to prevent undue exhaustion and tedious convalescence. On account of the position of the patient upon the Obstetrical Pan the hips, being somewhat elevated, the forceps can be applied without changing the position of the patient or the pan.

After the relaxation of the perineum by heat, and as the head begins pressing toward the outlet, the perineum should be stretched in advance of the head by making downward pressure with the

index and middle fingers, across the fourchette. After the head has been safely delivered great care should be exercised in delivering the shoulders, as many perineal tears are caused by a lack of proper care and watchfulness on the part of the physician, in the delivery of the shoulders.

The proper use of the anaesthetic and relaxing qualities of heat is the principle about which this method centers. If it is not thought necessary to assist in dilating the os or in stretching the perineum, or to use the forceps, labor is yet greatly assisted by the anaesthetic and relaxing effects of the retained hot water injections, and by the comfort and support of the hot water pad to the parturient's back.

I am certain that all any physician would need to do in order to become a thorough convert to the use of the Galloway Pan and the retained hot water injection, would be to have an opportunity of using it in a case of confinement. The evidence is so convincing, and the whole method so cleanly and satisfactory, that conversion to it becomes instantaneous and complete.

These pans can be emptied by removing them from under the patient and pouring the water out in the ordinary way, or by reversing the syringe and pumping the water into a convenient vessel placed beside the bed.

The final question arises as to the proper antiseptic care of the pan and syringe. These pans are made only of the highest grade of suitable smooth rubber, which can be carefully cleansed with soap and water and then with boiling water. Then take a three-gallon jar or galvanized bucket filled with two gallons of clean water to which has been added one teaspoonful each of carbolic acid, boracic acid, and gum tragacanth. The pan should be placed in this solution and allowed to remain from half a day to two or three days; then taken out and wiped dry with a sterile towel, and wrapped in a clean napkin and put in a bag until wanted again, where it will not be contaminated by coming in contact with dirt or microbes. By following these simple directions the pan can be kept perfectly clean, aseptic, and its life extended much beyond the usual limit.

These pans should not be indifferently cleansed and then hung up on some convenient nail in the open air and dust of a back office, or catch-all room or closet with last year's buggy robes and overcoats, and then be condemned for carrying infection to the lying-in room.

The use of hot water retained injections in labor is safe, rational and helpful to a wonderful degree, permitting us to do all that can be done to aid the patient in parturition, and at the same time we receive our own reward in this case as in all others for the good deeds done here, by the saving of valuable time to ourselves, and in receiving the devout thanks of our grateful patients who never forget to recommend to their friends, the doctor and his hot water apparatus.

TACT IN OBSTETRIC PRACTICE.

By H. B. FAULDER, M. D., Wapakoneta.

Obstetrics, generally speaking, is disliked by many of the profession.

The complications of this branch are many, and the peculiarities are the cause of the downfall of good successful practitioners in other lines of practice.

The most puzzling questions that can present are found in obstetrical practice. The responsibility is far greater than along most other lines of practice.

The work is to be done in a limited time. This makes the responsibility far greater.

The uncertainty of the outcome is so great that a physician never feels at rest until the woman is up and about her duties.

What to do and when to do it, and what not to do, are the important questions.

The obstetrical call is received with more or less anxiety. First, because of the time it takes, thereby keeping him from his other duties.

Second, because it may be the turning point of his past success as an obstetrician and practitioner.

In a majority of these calls the physician has no knowledge of the case until the summons is received.

We should instruct our patients to give us notice of such events months prior to confinement.

To make obstetrical work a success the physician is compelled to put forth extra efforts.

In the first place much tact is required to handle the patient and the people about her.

We should guard well our conversation at this time. We would be on safe ground never to answer any questions directly as to the outcome of the case.

It is my habit in replying to questions to say: "Why don't you ask me an easy question and I will answer it?"

Answers to direct questions some times result in the most damaging way to the physician.

The patient soon loses confidence in you and becomes discouraged and is liable to ask for other assistance.

Peculiar cases have caused many a young physician to walk the floor in anxiety. The presentation seems to be normal, the pains are strong, and everything else seems to be favorable, but the case is still delayed.

Let us cite a few of these cases. By telephone one afternoon I was summoned to an obstetrical call. On arriving I found a young woman, a primipara. From the symptoms I concluded that labor was well advanced. No history of the case was obtained, from the fact that it was necessary to get the patient prepared for the occasion.

On making a digital examination the os was found to be almost dilated.

The presentation was normal and the pains effective.

Duration of labor after my arrival was about one and one-half hours.

The child was delivered without any lacerations.

Placenta removed in about thirty minutes, and the uterus contracted nicely. Taxis was used over fundus during delivery of placenta.

At this time her pulse was ranging between 75 and 80.

My attention was next turned to the dressing of the cord.

On returning in a few minutes and placing my hand over the fundus I discovered it to be almost as large as before delivery.

A digital examination revealed a profuse hemorrhage.

Reaching for my fountain syringe, which I had fortunately prepared for the occasion, I gave a hot douche, along with taxis, which controlled the flooding.

I could not account for the hemorrhage.

The patient remarked that she had a severe headache.

Again I found pulse normal. Took her temperature and found it 103½.

Inquiry was made regarding the history of the period of pregnancy.

She said that two weeks before labor, she had a severe headache, and following this a hemorrhage from the mouth. The same circumstances occurred again two days before labor.

Made a visit six hours after labor and found her temperature 101.

The third hemorrhage occurred on the third night after labor.

What was the cause and origin of these hemorrhages?

The peculiarity of some cases is the slowness as the head enters the superior strait.

We find cases that the delay is not due to the molding of the head or unruptured membranes, or abnormal position, or size of head.

One case of protracted labor I remember well.

The woman had been in labor two nights and one day when I was called.

The regular attending physician had made frequent visits and examinations.

He informed the husband each time that the case was the same as at the previous visit.

The husband became alarmed and telephoned for me at 4 a. m.

The patient had suffered intensely for the last 24 hours.

Examination showed that the bed was badly soiled, due to the supposed rupture of bag of waters, 12 hours previous to this examination.

I felt confident that there was yet a membrane over the child's head, yet it was impossible to detect the least fluctuation showing that liquor amnii remained between membrane and head.

Liberal means were used to rupture what I supposed to be a membrane, but failed.

The patient begged for the use of instruments, but the husband objected.

Whisky was substituted for chloroform and instruments applied without difficulty.

With but little manipulation of the forceps the head passed the inferior strait. Forceps removed in order to prevent lacerations.

A membrane at this time could be seen. Ruptured it and with the second or third pain the head was born.

What caused this delay in labor? Was it the bag of waters, or a false membrane, or an abnormal position of head?

These and many more questions can be brought out in obstetrical work, and while "knowledge is power," here, as in other lines of work, tact is sometimes equally essential.

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EXAMPLES OF THERAPEUTICS OF THE ALLOPATHIC SCHOOL.

By G. J. JONES, M. D., Cleveland

It may be profitable for us for a short time to turn aside from criticising each other's treatment and take a look at what others are doing, to see if the dominant school offers anything better, and whether there is a possibility that a patient might receive greater benefit by their means than by ours. In the brief paper which I have been invited to read here I have not the opportunity to dwell at length upon the allopathic treatment of one disease even, and I shall content myself with quoting a few paragraphs from some of the leading authorities. First, I will quote from a prominent writer and teacher of his day, who for many years stood at the head of his profession, his statement in regard to the treatment of croupous pneumonia.

He says: "There are few diseases for which so many opposite plans of treatment have been employed and with reputed success as for pneumonia. It is a disease to which more perhaps than any other has on this account been appealed to on account of the change of type of disease. From the time of Laennec to about the middle of the present century almost implicit reliance was

placed in the combined use of blood-letting, antimony and mercury. Since then, especially dating from the time of Dr. Todd, these remedial agents have been to a very large extent discarded and have become replaced by the free exhibition of alcoholic stimulants. Many indeed regard all medical treatment as of little or no importance, and it is quite certain that a large number of even severe cases recover perfectly if left to Nature and the nurse. In the majority of cases of the idiopathic disease it is probably quite sufficient to keep the patient in bed in a comfortable, well-ventilated room of medium temperature; to relieve thoracic pain by mustard plasters and the like; to quench febrile thirst by the exhibition of soda water, orangeade or lemonade; to support strength by the frequent administration of milk or gruel; or some equivalent nutritious fluid, and to relieve from time to time by simple measures diarrhea or constipation, or other derangements of the various organs. Then, as convalescence comes on, to give vegetable tonics and guard the matter of diet in respect both to quantity and quality. It is doubtless true, however, that in many cases the above plan of treatment may be advantageously supplemented by other measures—bleeding from the arm, or the local abstraction of blood from the chest by cupping or leeches is followed by relief to symptoms when employed early in cases in which there is high fever and much dyspnoea. We believe that bleeding from the arm is more efficacious than the other methods of bleeding, and in any case it is better to remove sufficient blood at a single operation than to be called upon to repeat it. Some physicians think it well to keep the affected side invested in a large poultice or a layer of cotton wool; others prefer the application of ice-bags or cold compresses. I do not think that any benefit accrues from the former plan, but the latter plan has probably more beneficial influence.”

I would like to ask what is there in this advice that would prove beneficial in guiding a physician in the treatment of his case? In the first place, he states that “there are few diseases for which so many opposite plans of treatment have been employed with reputed success,” then he states that “for centuries blood-letting, antimony and mercury have been given,” but when Dr.

Todd rose up and condemned the treatment in language sufficiently strong they did not hesitate to abandon this treatment which had been in vogue for centuries, and change to the opposite extreme and use alcoholic stimulants without any regard to quantity. Farther along he goes back to his old method again of blood-letting, advising it with some degree of confidence. Another author who was equally prominent some ten years later and who until very recently was considered one of the best teachers of his time says in regard to the treatment of this disease:

"Any plan of treatment in such a disease if resorted to indiscriminately will prove unsatisfactory. Although a large proportion of cases will recover without treatment, yet well-directed therapeutics will save lives and render convalescence less tedious." He continues: "The lung no more requires treatment than the intestinal ulcers of typhoid fever. It is the general condition of the patient—not the local disease—which is to govern us in the management of each case. Agents for the arrest of local inflammation have no place here; hence, venesection, once generally practiced, has been almost entirely abandoned. A careful study of the pathology of pneumonia not only leads to the conclusion that bleeding does harm, but it strongly contra-indicates the use of all those agents which have been employed for the arrest of simple pulmonary inflammation; hence *veratrum viride*, *aconite*, *antimony*, *calomel*, *tartrate of potash* and *antimony* and *iodide of potash*, and all so-called cardiac sedatives have been discarded, for it is evident that they add a new load to the already overburdened heart. They may for a time lower the temperature and pulse-rate, but this will be accomplished at the expense of heart power. Cardiac insufficiency will therefore appear earlier and be more profound."

He states farther: "There are two plans of treatment advocated for reducing the temperature in pneumonia. First, the application of cold in various ways to the surface of the body, and second, the internal administration of the sulphate of quinine. It is claimed that the temperature can be reduced by applying cold compresses to the chest. A cloth of some thickness is to be wrung from cold water and applied from ten to fifteen minutes to the

affected side. This not only relieves the local symptoms, but it lowers the body temperature and hastens the day of crisis. Some prefer Esmarch's ice-bag to the cold compress. There is no doubt but that the pain in the side and the fever will be relieved by this means, but the relief is only temporary, and my own experience leads to the belief that pneumonia treated in this way is more likely to extend and that there is greater danger of chilling the patient. The other methods of applying cold to the surface for the reduction of temperature in pneumonia are the cold bath, cold pack and cold sponging. The experience of American physicians is against the cold bath and the cold pack. The shock of cold causes depression, which the feeble or old cannot rally from, and though the fever is lessened, heart failure more rapidly follows and is more difficult to overcome. My own experience is decidedly against the use of cold upon the surface for the reduction of temperature in pneumonia. Cold sponging may be practiced when it is grateful to the patient. It is claimed that sulphate of quinine is an arterial sedative, that it has a tonic effect upon the capillary circulation, that it arrests cell development and changes the amoeboid movement of the white blood corpuscles. Theoretically, therefore, its use is indicated in lobar pneumonia. Clinically it is known to reduce temperature more permanently and with greater certainty than any other agent. To act antipyretically it must be given in doses of from ten to twenty grains within a period of not more than two hours. The very large antipyretic doses of quinine which have been recommended seem to be attended with danger, and after any such large doses it appears to act as a cardiac depressant."

I note in connection with the treatment prescribed by the last authority that he starts out with the advice that the cases be individualized, but does not attempt to carry it out himself. Nearly all previous treatment adopted by his school is condemned, and in no instance does he advise what every other authority of that school advises, as nearly as I am able to judge, venesection. He condemns, too, in pretty strong terms, the use of cold, which treatment, as I learn, is rather common practice in the allopathic school of today. Quinine he recommends, but condemns the dose

and frequency of repetition which are commonly given at the present time.

We pass on then to a later authority, a man of our own day and generation, a teacher of prominence—probably the best authority as recognized by that school today, a man who is called in consultation in some of the most important cases in this country, and whose honesty is not questioned—indeed his writings confirm that opinion of him which all of us have formed. He says: "Pneumonia is a self-limited disease. It can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly and naturally without a dose of medicine having been given. There is no specific treatment for pneumonia. The young practitioner must bear in mind that patients are more often damaged than helped by the promiscuous drugging which is still known to be prevalent.

Could any criticism be stronger than that? Still he proceeds to advise, apparently forgetting the statement which was made at the head of his article upon treatment. Taking up the subject of special treatment he states, "Certain measures are believed to have influence in arresting, controlling, or cutting short the disease." You all observe the contradiction of terms here between the first and the last statement. "It is very difficult for the practitioner to arrive at satisfactory conclusions upon this question on a disease so singularly variable in its course. How natural when on the third or fourth day the crisis occurs and convalescence sets in, to attribute the happy result to the effect of some special medication. How easy to forget that the same unexpected recoveries occur under other conditions. Then, apparently hesitating, he states: "The following are among the measures which may be helpful:

(a) Bleeding. The reproach of Von Helmont that a "bloody Moloch presides in the chair of medicine" cannot be brought against this generation of physicians. Before Louis' iconoclastic paper on "Bleeding in Pneumonia" it would have been regarded as almost criminal to treat a case without venesection.

Is it not passing strange that one man should be able by giving forceful expression to his own ideas to stem the tide and change

the treatment in a disease of this kind? But the good work performed by him seems to have lapsed somewhat, and we note the tendency even in the writings of this author, to return to the treatment which was so thoroughly condemned at that time. He states: "We employ it nowadays much more than we did a few years ago, but more often late in the disease than early. To bleed at the onset in robust, healthy individuals in whom the disease sets in with great intensity and high fever, is, I believe, common practice. I have seen instances in which it was very beneficial in relieving the pain and dyspnoea, reducing the temperature and allaying the symptoms."

If there is much satisfaction to be derived from such teaching as this I fail to comprehend it.

(b) *Drugs.* Certain drugs are credited with the power of reducing the intensity and shortening the duration of the attack. Among them—*veratrum viride* still holds a place—doses of from two to five minims of the tincture given every two hours. *Tartar emetic*, a remedy which had great vogue some years ago, is now very rarely employed. (The reason of its non-employment is perfectly plain. It was given in such massive doses as to not prove otherwise than harmful.) To a third drug—*digitalis*—has been of late accorded power in controlling the course of the disease. *Petresco* gives at one time as much as from four to twelve grammes of the powdered leaves and claims that these colossal doses are especially efficacious in shortening the course of the disease and diminishing the mortality.

Of medicinal antipyretics quinine has been much vaunted in doses of from 30 to 60 grains daily. Unfortunately it is apt to disturb the stomach and cause unpleasant ringing in the ears; according to some also it is very depressing, but I must say I have never seen any injurious effects from it, though I have not used it for some years. *Antipyrin*, *antifebrin* and *phenacetine* have been thoroughly tried in pneumonia, and the general opinion at present is decidedly against their systematic employment.

(c) To combat the toxæmia. Herein lies our chief weakness in dealing with pneumonia. We have as yet no specific—either drug or the product of the bacteriologic laboratory which safely and

surely neutralizes the poison of the disease. We may reasonably hope that such a remedy will be forthcoming. In the meantime we must be content with measures which aim at keeping up the strength of the patient.

Every homeopathic physician who has had the opportunity of treating a number of cases of this disease with the indicated remedy must feel satisfied with the results in such cases. He possesses a tangible method of individualization, a means of separating one case from another and prescribing the remedy which has been proven in such satisfactory manner that its characteristics are perfectly plain to him. Who of us has not seen in the primary stage of this disease the pulse softened and lessened in frequency, the skin becoming moist, the respirations less frequent, and the restlessness subsiding—all under the influence of that chief remedy in the first stage of this disease—namely, aconite? Who has not seen the pain of pleuro-pneumonia relieved, the cough lessened in frequency, expectoration becoming more free after the administration of bryonia? Who has not seen in a case in which the loose moist rale was perfectly apparent but with no expectoration, the skin blue and clammy, the pulse rapid and small, all bad symptoms disappear under the administration of a proper dose of that remedy which was discarded by many of the other school, and the use of which was prohibited in the army during our civil war, viz.: tartar emetic? And so we might go on through the list of those remedies which are used most frequently in this disease. But not only in this disease but in every other, a comparison of this kind could be made to the advantage of that treatment which was first promulgated by Samuel Hahnemann.

Dr. Connell. I think that the paper of Dr. Jones ought to go deep into the hearts of every homeopathic practitioner. He is meeting a condition that has been confronting the homeopathic profession for a long time. We as practitioners are being imitated by our old school brethren with medicines made in small and palatable doses and yet they stand up and say we have done nothing to entitle us to separate existence as sectarian physicians. And they now have the impudence to ask us to merge with them, lose our

identity, that for which we have fought and struggled, all these years, and become simply a "regular." They ask us to discard the principles that designate us from them. They never recognized the principle, the ability, the accuracy, the power of the homeopathic physicians throughout the country; and that is the thought given us by Dr. Jones in his excellent paper. He has shown the treatment and sometimes no treatment, in use in their school for the commoner ailments with which we are all familiar. It is evident that in most, if not all these treatments they have copied from the homeopaths. I think that we today ought to make, from the lake to the river, and from Pennsylvania to Indiana, as a homeopathic school, the grand old state of Ohio resound with the excellencies of *similia similibus curantur*, and to teach the common people, and go right back among them, and show them wherein homeopathy is superior, and wherein it is the only thing that will cure, and that will give them any solution of the problem of combating disease; or that will satisfy them in the treatment. We ought to get away from antipyrine and the antiphlogistic measures, and give them pure *similia similibus curantur*. I have had many allopathic physicians ask me how I could get along with my strict homeopathy, and I have to smile. In the last 25 years I have not used one quarter of a grain of morphine to allay pain, and I think I will be considered as having had a fair practice in this city during that time and I have formerly practised in different cities of the state with the same result. For three years I carried the poor work under a contract with this city and the city records will not show a single instance of death or unhomeopathic treatment in typhoid fever, or pneumonia or diphtheria. I stick to homeopathy, gentlemen. We have got to meet this question and the quicker we do and get down to it the quicker we will be able to say to ourselves that we have done our full duty in carrying the light to the benighted ones. I believe in giving them Sharp's Tracts and literature of that order—The Homeopathic Envoy and so let the people see what there is in homeopathy and what it will do for them.

Dr. Maxwell. A year ago at the meeting of the American Medical Association there occurred something that was refreshing to homeopaths. A Chicago physician whose name I have forgotten

reported the results of regular treatment of pneumonia at Cook County hospital. He had quite a mortality list to show and in discussion, Dr. Wm. Osler, of Baltimore, got up and asked if he had any means of knowing the results that homeopathy produced in Cook County hospital. He replied that he did not. Dr. Osler said that he certainly should obtain them, because the homeopathic school could undoubtedly give us many valuable suggestions in regard to the treatment of pneumonia.

I wish to say in regard to the use of morphine that if I had an attack of renal colic, I should hate to have Dr. Connell attend me.

Dr. Beckwith. I dislike to have this attack on the old school of medicine passed unnoticed. If we desire to quote from certain authors we can substantiate almost any position. It is not a fair way of meeting an opponent; there is great good in the old school of medicine.

Within the past few years they have lessened the doses and imitated our school in the method of making doses more palatable.

We all know that blood-letting will relieve pleurisy, and pain through the lungs—therefore from the standpoint of some physicians they claim a correct treatment.

At the present day allopathic physicians give aconite to reduce fever, as well as *veratrum viride*. They make applications of poultices which most of us do, and find them beneficial. Poultices will relieve pain.

Many things done by the old school are praiseworthy, scientifically applied with common sense.

A conscientious doctor should do what in his judgment will best relieve his patient, and rapidly restore health, be it blood-letting or otherwise.

Let us praise, not censure, all honorable and good physicians.

Dr. Walton. Any man that will use a fermenting, stinking poultice ought to be ruled out of the practice of medicine. Take absorbent cotton and wet it suitably and you have all the effect of a poultice without the nastiness and stink of the poultice. All the poultice can furnish is heat and moisture. The cotton does this in a more desirable form.

Dr. Spencer. I want to emphasize, what seems to me, the main points in that paper which are very valuable to us. To all of us who are a little weak in our school of practice this paper comes as a form of relief in that it shows that we use approved and advanced measures, though many times adopted from the old school. I sat for a number of years at the feet of one of the great men of the old school in the University of Michigan. I heard his lectures on homeopathy each year; they were the most ridiculous of lectures. When I got through with my studies there I had nothing definite. I was called to a case of pneumonia and I thought, what shall I prescribe? I asked this professor and he said this is good and that is good; something here and something there and possibly this is a little better; but no indications for any of the measures recommended or suggested. When I went out to practise, for five years I was entirely in the dark until fortunately a good friend of homeopathy gave me my relief and gave me the means to my salvation; else I should have given up the practice of medicine entirely and gone into some other business because of my unsatisfactory knowledge of the handling of diseases. I had come to the conclusion that the main office of the physician was to cure or to mitigate disease; but I had nothing to do it with. Homeopathy came to my relief. This paper gives us something tangible.

In conclusion I want to say that Dr. Beckwith fully carries out in his practice his old school ideas and remedies. Not less than eight years ago he was called to a case of mine taken with eclampsia, and when I got there he was bleeding her.

Dr. Arndt: I want to suggest that while a homeopathist may not believe all that is taught by the dominant school of medicine; he may, nevertheless, learn bits of practical wisdom that may stand him in good stead in many a tight pinch. I recall an experience in which I was served very nicely by treatment, the knowledge of which I was indebted to an old school physician for. It was a case of pneumonia that had been given up by three physicians of the old school in consultation. When I reached the patient the opinion of the council seemed fully warranted. The wrists were pulseless; the skin was cold and damp; the eyes were wide open, unwinking and dry, and the only sign of respiration was the ris-

ing and falling of a small mass of bloody froth on the lips. There was no second sound in the very faint heart-beat, and she seemed just about to expire. I immediately decided to give her ammonium carb. and digitalis in stimulating doses—a recommendation of Bartholow—and the result was all that could have been hoped for. In less than half an hour there were signs of improvement, and in four hours her recovery seemed assured and in one week she was well.

That was not homeopathy, and yet I am sure that it saved a life that would otherwise have expired right then.

Dr. Jones: The object of this paper was stated in its title, "Examples of the Therapeutics of the Allopathic School." It was not to be a thesis on allopathic treatment in general, or upon homeopathic treatment. In view of the remarks of some of the members present I would like to have read a paper here on what I deem the homeopathic treatment of this disease. I have never seen such a crisis as Dr. Arndt reports that could not have been reached, it seems to me, as quickly and as well by some homeopathic remedy. I have not tried his remedy and therefore cannot speak of it. I would like to compare the mortality statistics in pneumonia and in other diseases. It seems to me that the practice of medicine must be reduced to something nearer a certainty than we get it from the old school. I have quoted from the standard authorities in my paper, and have summed up their best therapeutics. I have quoted from one of their best men and authors, Dr. Osler, who has already been named here, who admits that he has no treatment that is any good in pneumonia; and he is the best teacher I think that they have in their school. If we cannot do better than that we would better go out of business.

TWO EXTREMES.

By F. W. MURPHY, M. D., Dayton.

The equation of this, that we are living, called life, is birth and death—creation and recreation.

Conceived within the mother's womb, and takes being at birth; lives, and in relentless time the change comes.

The only visible thing at birth, which life gives, is individuality.

Birth, that physiological process, gives a new form of existence. What profound reverence hovers about the thought of our birth. To us, genius will have become a mockery, and virtue an empty shade, when the splendor of that hour shall no longer be hallowed.

What cheer and happiness seem to possess the earth at our first appearance in it. Could we reason, what a quandary would have come, to know if we were made for earth, or earth for us.

A new human creation just from the chisel of the greatest sculptor. A beautiful unit of dainty flesh and bone made from the coarse clay. Admiration and beauty play hide and seek on the cheeks so round and rosy. The fond parent, who knows of her hopes and fears, suffers and endures, but to reap from her offspring a recompense of smiles and tears.

While the mother rocks the cradle, love transforms to a kind of loom, whereon her fancy weaves a bright colored fabric for the future of her child. The baby grows, and the true mother feeds his mind with precepts of integrity and industry.

During these years his little life is attacked by numerous difficulties; at three weeks he has a struggle with his diet, and the struggle is but a beginning of what must continue; in the months and years to follow he is often made to suffer.

Dentition, croup, measles, pneumonia, tuberculosis, and all that the little form can contend against, is placed in his way as an obstacle.

Some are treated intelligently, and the cause is removed, with a prompt deliverance from the enemy that has threatened. Some are given strangling doses from the apothecary of empiricism and die. While a few are simply left to suffer, in the cradle of a twentieth century heresy, and rest in the rough casket from the workshop of Mary Eddy.

He is made the defensive in every conflict, whether congenital or acquired.

When congenital, he is being imposed upon by the errors and indiscretions of a suffering lineage. When acquired he has

been made a victim of environment, and many times has suffered a very great injustice; a voice of anguish, beyond comprehension must certainly mark his plaintive wail. The injustice imposed by his ancestors, whether from the idolized plutocrat, or demoralized artisan, are extremely gross.

Those who reach childhood and leave behind the conquered terrors of infancy, confront giant impending crises, which are appalling. Contagion is now an adversary, and in the happy hours of playful thoughtfulness, microbes break in upon him, rob and plunder, leaving waste and ruin.

Story books and fairy tales give way to sore throat and fever. Then childish revery of more mature years will be sacrificed to live and just be a small child.

He sees the law of contraries for the first time.

He has learned that while he is small the big girls kiss him, and when grown like papa the little girls will kiss him.

He sees his companions and associates stricken with disease; some live; some die.

He is beginning to be puzzled. Life to him is nearly a query.

Pausing, he sobs and sighs at the grave, and he reasons with the profound. Forgetting again the warning sentinel, he renews the fight for existence. Time carries him along the same course that hosts of other youth have traveled. Nearly the same, but to him everything new.

In his metaphysical life doubts and superstitions create disbelief. He has been told truths of life by some, but reasons to refute and contradict by others.

His mistakes he fails to see, but as a critic he cannot be surpassed.

He looks back to his kilts, with a feeling of scorn, and contempt for knee trousers is making him earn a way to get long ones on, and be a man.

What heredity began and left unfinished, now is taken up by environment, and completed, suppressed or eradicated.

In his physical life he has learned that some diseases he has while young, will be less apt to be disturbed as he reaches his old age.

His visions of those active years of life, fraught with its seeming fascinating actions, are less real than the truth of the many charms of the years of youth.

Nature provided for those two extremes—youth and old age—and delegated certain conditions to one, and not the other.

There can scarcely be a time too young in the life of a patient, to contraindicate surgical attention, which is proportionate to the vitality of the little one.

Here in idle play, a bone when broken, repairs with great rapidity; while in old age, a fracture is regarded unfavorably. Babies have green-stick fractures, while the grandfather snaps a bone from the slightest cause.

His last birthday party was the announcement of the approaching years of manhood.

His days are filled with hours of anticipation.

His younger playmates have missed him from the childish games, and new ideals are forming within his youthful brain.

“Out of Date” admonitions of grandpa, and annoying teachings of father, are to him a source of great vexation.

Father was a boy forty years ago; grandpa is too much on the retrospection.

From the time he learned he could claw his father's whiskers, pull his hair, and twist his nose, and father surrendered, son has felt his authority.

New communications are being held; some affording him positive ideas, others negative; but he is not classifying either.

He is to be congratulated if he distinguishes the difference between Christianity and Religion.

His moral nature must find a stimulus, in the mere gratification of being moral.

Yet from the immoral side of the way traveled there come strong impressions, cloaked in negative raiment which teach the real worth of being positive.

A life work is to be chosen and a place among men, which will be worthy of his effort to succeed, is being considered.

Perhaps he may see it right, and concede that he must make himself worthy the high position he seeks to fill.

At last having received a smattering of many things, he feels himself given over to concentrate along a certain definite trade, business or profession. Meager, or thoroughly prepared, as he may be, he takes his place in the affairs of men.

He strives to get the seals of rank and power—the ensigns of command.

The voice of honest praise, mingled with the words of the flatterer, falls upon his ears like a clanging discord of confusion.

The mirrors of conceit, reflect him as a dazzling image of greatness. The plaudits of his fellows ring like orchestral tones in eager ears. The condemnation from pessimistic minds interrupts his harmony.

His wants, his desires, are half supplied in disappointments and longings.

Intellect, conscience, and will warring with each other. The mind conceives, the will directs, the hands mold and blame each other for their errors.

The rushing, swift pinions of time carry him on; still on. Manhood has come to his years, and the dream of youth has in its makeup some stern realizations. Genius, and talent, have unfolded some of their richest treasures. He chooses, as he believes, a wife affectionate and fair, who would solace his woes, and share his joys. Fair daughters, and brave brown sons merge into the horizon of his shortest day.

Then he hears the voice of the years just spent, calling him from the happy haunts of childhood.

He learns that whether he be a bright example of a high type of moral, physical or intellectual man he is like the most worthy exponent, in that he too, was once a baby.

The pendulum of the great clock beats the time. The clanging notes, that were once music in his ears, as it struck the hours, now has a dirgelike tone.

The sun, which was ever true to illumine the tired day, sinks to rest and leaves behind a starry, ebon vault, and sad moonlight, to approve the recorded passing time; the seasons return and the cycle of phenomenon presented is a silent approval of the auditing of the accounts of his existence.

This is but the common panorama enacted for a thousand souls at a single time.

The sprightfulness of childhood, the fair cheeks and full eyes of youth, the mighty strength of manhood are gone. The force of power and ambition has failed. No longer the strong, muscular flexure of twenty-five, but a slow tottering gait, the dimmed eye, the pale, hollow face show no longer, anticipation, but true retrospection.

The rose that once sprung fresh from its clefts, fair as a breaking morn, and filled with the dew of heaven, has forced open its modesty, and the retirements of its dismantled form are looked in upon. The decline shows a softness, and the symptoms of a weakened age. The head is bending, and soon the stock will break; its faded petals have changed its beauty, and soon it must fall among the debris, which a thousand years have gathered.

Wise men and fools have been commanded by him, and he has been their slave, as well. The wisdom of the first, has but shown him a part of the known; the folly of the fool offers him no mirth.

One reverse carries him back to the scenes of his childhood, so gay and free, the next, he sees himself as he is.

In some ways as he had years ago painted he would desire, but now he becomes sad as he sees the real picture of what he had once so longed.

The joys of warm springtime have been chilled, by the moaning air of winter. His weakened physical condition is the subject of his silent thought, as well as the cause of much bodily pain and inconvenience.

His ears, once so sensitive to his mother's faint whisper, now must be reached with a trumpet. His eyes, which then blinked at the sun's brightness, now see through a magnifying glass.

He wonders if he would not change his annoying hay fever for atelectasis, and recalls the slight ache of a stone bruise as compared with his gout. Would much prefer growing pains to his rheumatism. He remembers his recovery from diphtheria, but no skill has cured his catarrh. He got well of his coryza, but now he is filled with malaria. His old family doctor cured his burning eczema, but now he is awakened at night with the pains of a cancer.

These are the great changes which absorb his waiting hours.

Some, who are not so physically afflicted, have more cheering thoughts. The old vexing questions have been supplanted by the new.

What he understood of life, he remembers, but he bears the mark of the "two extremes."

Though many times disheartened through the weary years, each day had its hours of gladness, and like a magnet he is drawn to them.

Chiding the purpose of his existence, he would reform his past and remodel his plans. The passing wonder of his strange extremes reflects its shadow over a barren waste of regrets.

He touches the cord of life, and vibrations emanate proclaiming how ingeniously is man wrought.

Poor or rich, abject or august, how complex and wonderful is man.

Despair gives way to hope, contemplation to acquiescence, fear to alarm, anxiety follows him and resignation succeeds all.

What strange extremes have been centered in our make up; what different natures have been marvelously mixed.

Whether a worm or a god, but frail creatures or dust, though each are to be a part of the infinite.

What joys! What dread! He trembles at himself. Alternately distressed, he asks what can preserve his life, or what destroy?

Reconciled to the inevitable, the immutable screen is folded back, and eternity is seen in full view.

He welcomes the harbingers of transformation, and embraces death.

Pain and disease surrender. The contrasting avenues of vessels and nerves, which were the hiding place of pain, now relax.

Disease, though often his guest, has cut the tender strings of life, and calls his friends to his funeral.

Nature drops a sympathizing tear. While reason and a prudential religion congratulate the dead and crown his tomb with a wreath triumphant. Death is victory!

So does the fairest beauty in creation change, and it will be as bad with you and me.

Left alone with the moist and gruesome cloud in the gloom of the weeping vault, which is the longest mourner over our departure. There are no "two extremes" of life so mysterious as infancy and old age; birth and death.

Dr. Beckwith: The paper just read is a fine production and does credit to the author.

I assert there are many errors in it.

Old age should be the happiest time in one's life, full of joy, peace and good will, not the rheumatic, complaining old man, which the writer has so graphically described.

Today I represent the "old man." Fifty-three years of active work in my profession have given me strength, endurance and energy.

Today I feel that I am all right to meet with you for years to come.

Dr. Spencer: I have been very much interested in this picture, "From the Cradle to the Grave." Like Dr. Beckwith I am getting old and I wish to confirm Dr. Beckwith's remark that our old age is the happiest time. It puts me in mind of the gloominess of the old orthodox religious instruction that I had to undergo. It makes me feel as if my life from now on would be rather of a dark subject. It throws a sombre shadow over my soul—this paper does; almost causes me to contemplate suicide. I believe that this idea of the man growing old and becoming helpless and useless and racked with pain is a mistake. If that idea was to obtain and become universal thought of old age very few of us would hesitate to jump out of the window and end the scene of this miserable existence. I believe there is such a thing as growing old gracefully. We have such examples in the room at this moment—for here we see Dr. Beckwith and Dr. Walton and others who disprove the paper. We have men who are as childish as they ever were, because nothing is so desirable as to live a useful life and grow old gracefully and then drop off when

we are through without all these terrible punishments inflicted upon us; because the punishment hereafter may be sufficient.

Dr. Clarke: I think that Dr. Beckwith and Dr. Spencer have most admirably expressed the saying of Dr. Oliver Wendell Holmes, who had "Rather be 70 years young than 40 years old." I was struck with an expression in this paper that the mother rocks the cradle. I don't see cradles nowadays. Cradles have disappeared, though the poetic line still lives; but that the hand that rocks the cradle rules the world is just as true as when it was said by the Kentucky poet, William Ross Wallace. But the fact remains that the baby carriage has usurped the functions of the cradle, to the great advantage of the child. As to the appalling dangers of childhood possibly in addition to kissing might be mentioned the danger from vaccination.

Dr. Arndt: I wish to express a word of appreciation for this paper. I have been very much impressed by it and have enjoyed it also. While I believe it is true that one may grow old gracefully, and in fact ought to, still I believe that Dr. Murphy's paper is true to the average life, the beautiful examples here present to the contrary notwithstanding.

It is the privilege of the physician to assist in making old age not only tolerable but happy; in making it beautiful as these examples present today have shown us that it should be.

Dr. Murphy: I first want to thank you for your very liberal criticism. I am very glad to have evoked so much. It was my intention to be benefited and I realize that is the very best way. I am free to admit that my paper has tired you and it was too lengthy. However, the essay has not been received as I intended to convey. This may be due to the defective reading, or on account of having had to hurry through the first ten minutes. I want to assure Dr. Arndt and those of you who may think favorably of my effort, that I appreciate that, and to a great extent repays me for my labor. I want to add, not after the manner of sarcasm displayed by some who discuss the papers most liberally, but in a true sense, that when you present a thought, you do not presume to furnish more. A thought, which runs counter to the

accepted notion, you will be required to make plain and defend, before those opposed will see its value. The means of understanding must be in evidence, one can only think for another up to a given point. I heartily congratulate you older gentlemen who are "twice young." To get the thoughts of "two extremes" clearly before me I have not dealt with such excellent type of age as you represent, but more especially with those of whom I have spoken in my paper—the usual experience of infancy and old age as I have observed it and as you no doubt have at different times reasoned. It was not the purpose to confound those who grow old gracefully and are happy, but to get in touch with mankind as he actually exists within. There is within the economy of man the negative side, so wide, so high as to serve a stimulus to resist and contend, or even so negative as to be a formidable barrier.

From the silent mental and physical, neglected and forgotten, overwhelmed mass who exist under the frowning pressure of the too true realization of the meaning of my essay, I shall look for sanction, and from those who have looked in upon the mottled picture being painted by the thousand obscure artists with nature's touch.

A CASE OF CEREBRAL IRRITATION.

By A. C. ROLL, M. D., Toledo.

I will only claim your attention for a few moments while I go briefly over the symptoms of a case which to me was somewhat peculiar.

Mr. A., age 52, married about 30 years, two children, a son and daughter, both enjoying good health, both mentally and physically, and giving no history of inherited insanity, always has enjoyed good health until six years ago when he had a severe attack of typhoid-pneumonia, has for many years been a steady drinker and to a greater extent since his illness, but rarely to the point of intoxication.

December 13, 1902, I was called to his home, finding him in a peculiar state of bewilderment of mind and suffering from mus-

cular incoordination. I prescribed and left the house about 8:30 p. m., thinking nothing serious would result, but before driving away was recalled to find him apparently suffering from a stroke of apoplexy.

He remained in a comatose condition for perhaps one hour, then in a semi-comatose condition for two days, after which he had convulsions of an opisthotonos variety at irregular intervals for four days.

After the convulsions ceased he began readily to recognize members of his family and those few who were in attendance upon him, but his mind was confused and his memory was a total blank for a period of six years. His physical condition began now to improve quite rapidly, but his mental confusion increased from day to day.

As soon as he was able to move about he would insist on keeping business appointments with different men, some of whom had been dead for several years.

From the beginning of his illness he had no liquor and seemed to have very little desire for it.

He did not seem to recognize that he had been ill and constantly insisted that he was able to go down to his office, and persisted in speaking of work which he had completed years before.

We treated him at his home for almost six weeks, hoping that his mind would clear up, but as he grew stronger he became unmanageable at home and we finally sent him to the state hospital, where he has been up to the present time.

About one month ago his memory began to return and since that time there has been steady improvement, but he acts in many respects just as a little child.

He is allowed to visit his family quite often, coming to and fro without attendance, and the most noticeable symptoms now are those of childishness, and at times melancholia.

In the beginning of his trouble I gave him belladonna and later hyoscyamus.

Since being at the hospital I think his treatment has consisted of the bromides.

I present the case to you for discussion, hoping thereby to get some new light on the diagnosis and prognosis.

A CASE OF HAEMOPHILIA.

By A. B. SMITH, M. D., Springfield.

William D., aged 44, colored, occupation farmer. Is married, but has no children. His father died some years ago of strangulated hernia; his mother is living and in good health. Two sisters died of scarlet fever in early life; one sister is married, with no children. His only brother died a few days after birth from hemorrhage of the umbilicus. The causes of his grandparents' deaths are not known, but it is stated that the maternal grandfather was subject to profuse hemorrhages from trivial injuries.

In his personal history the patient presents many characteristic features of haemophilia. His first recollection of any severe hemorrhage is that of one occurring when he was twelve years of age. At this time he fell and cut his forehead, making a gash about two inches long, and almost bled to death. About ten years ago he received a cut on the thumb and much difficulty was experienced in controlling the bleeding, especially as the physician who was called to attend him insisted on attempting to sew up the cut, in spite of the remonstrances of the patient, with the result that the punctures from the needle merely increased the flow of blood. The stitches were finally removed and the bleeding was stopped by putting crystals of carbolic acid in the wound. Ten years ago he had a tooth extracted with the usual result.

In addition to these there have been some other instances, the exact nature of which he fails to remember perfectly. The bleeding, however, usually persisted for several days, sometimes for two weeks, gradually diminishing as the wound healed.

Ever since childhood he has been subject to rheumatism, which affected the larger joints principally. This rheumatism comes and goes regardless of season, condition of weather or any other element. He has taken medicine repeatedly for it, but has never been helped materially. Except for this, and his tendency

to hemorrhage, he has good health; eats well, sleeps well and is apparently normal in every way. There was never any spontaneous hemorrhage or bleeding from the mucous surfaces except a few years ago, when he had dysentery and almost died from hemorrhages of the bowels. There are no heart lesions, and the urine is normal.

On the evening of August 19, 1901, I was called to attend him, and elicited the following history of his injury: Two days before, on August 17, he was driving his cow home from pasture. The cow had been tethered by a long rope at the end of which was a small iron ring about three inches in diameter and perhaps half an inch thick. The cow, however, pulled away suddenly just as the end of the rope, with the ring attached, was flying through the air. The patient was twisted half around and the ring struck him on the back of the head above the occipital protuberance. The skin was barely broken, but the spot began to bleed profusely and continued steadily. Two physicians were called, and, from what I could learn by interrogating the patient, applied the usual styptics, hot water, iodoform, alum, carbolic acid and turpentine being those he was sure were used. Some others, the nature of which he did not know, were employed, but none of them had the desired effect. In fact, the bleeding surface appeared to be enlarged by their use, later it was as large as a quarter of a dollar. One of the physicians gave what I supposed to be ergot, but without any result.

When I arrived the patient was sitting on the edge of a chair, his body leaning forward and his head held over a basin placed between his feet. The basin was partly filled with bright red liquid, non-coagulated blood, while blood was dripping rapidly from the patient's chin. The clothing was covered with blood, and a cloth, which was bound tightly about the head, was saturated. The patient was very exhausted and almost exsanguinated; the mucous membranes were pale and anemic, the pulse small and very rapid, and there was nausea on attempting to eat or drink. The bleeding was a capillary oozing and the tissues surrounding the wound were swollen, soft and oedematous, evidently due to extravasation of blood.

When called I was not informed as to the nature of the case, so that I had with me only my hypodermic case and small medicine case, and no surgical appliances.

I immediately placed the patient in a reclining position and applied pressure and hot water to the wound. I feared to give a hypodermic injection for stimulation because of a probable hemorrhage from the needle, so I administered strychnia sulphate grain one-thirtieth per mouth, and repeated it one hour later.

But what remedy to give? That was the question. I decided on phosphorus 6, which I had in one grain tablet triturate. These tablets I gave with directions to take one every hour. Meantime, the bleeding continued in spite of the pressure and hot water. Looking about in the hopes of seeing something to stop that hemorrhage, I caught sight of a curtain ring, and an inspiration, no less, came to me. I hastily detached it from the curtains and placed it over the bleeding surface, which it surrounded, pressing it firmly on the scalp. After a few minutes of this the bleeding diminished perceptibly, only to commence again on relaxing the pressure. But I then bandaged the ring tightly in place, directing the patient to keep perfectly still and not to disturb the bandage.

On visiting the case the next morning I found the bleeding had practically stopped, there being but a slight oozing of a few drops of blood on removing the ring. This ceased completely in a short time and there was no further trouble from the wound. A scab formed, which remained for several days, but finally dropped off itself, as I directed the patient on no account to make any effort to loosen it, fearing it would bring on another hemorrhage. Mr. D. rapidly regained his strength and has no more trouble of this sort, being very careful to avoid any injury, however slight.

At the time of my first visit the patient's mother was present and said to me, "That is just the way my father would bleed when he was hurt." This induced me to inquire into the patient's family history, with the result given above.

In selecting phosphorus as the remedy indicated I was guided by the well known indications of "small wounds bleed freely,"

and the watery, non-coagulating consistency of the blood. And certainly phosphorus in this instance seems to have done the work most satisfactorily and quickly. No doubt the pressure obtained by bandaging the ring tightly over the wound assisted the remedy, but I am convinced that the drug alone would have attained the same result in perhaps a longer period of time. As stated, according to the patient, whom I see no reason for doubting, it usually took several days for the bleeding to stop entirely, in similar circumstances.

Other remedies mentioned by various writers as being useful in this affection are erigeron, lachesis, natrum sulphate, china, crotales, millefolium, secale, terebinthina, hamamelis and some of lesser note. However, in this case I give phosphorus the credit and think it was the indicated drug.

Dr. Walton. In the absence of curtain rings and things of that sort I want to call attention to a new remedy which every one should know. It is not a homeopathic remedy but a physiological one. It is adrenalin. We have in that substance a remedy to control hemorrhage and one that can do it. It is put up by Armour, and Parke, Davis & Co. Use twenty drops twice a day. I have had no opportunity to use it in cases of hemorrhage such as the doctor mentions; I have never tried it in a case of haemophilia, but I have used it in menorrhagia. I see no reason why it should not also control catarrhal throat and act as a haemostatic. I have no doubt that these cases of haemophilia have some physiological deformity. I believe they do not have their capillary circulation properly developed, and we apply a natural haemostatic when we use this by the mouth or hypodermically.

Dr. Beckwith. The probability is that the patient would die, before his medicine would accomplish the desired effect. Dr. Walton has many fine theories which he can present in a forcible manner, but he is not always practical.

About fifty years ago I was called into the country, in the evening, to attend a patient. History of the case as follows: About three p. m. he had had a tooth extracted, followed by hemorrhage.

He was feeble from the loss of blood—hardly able to be up in his chair—various applications and remedies had been applied, without effect. Nine miles away from my office with a patient whose life was fast ebbing away, required active treatment. While examining him I called to mind Prof. B. L. Hilt's lecture on emergencies, who said: "To be successful you must always be ready to treat an emergency case." A fire poker was in the corner; it was brought to a red heat and bent as I desired, it having a sharp point. I took the leather out of my boot-leg, inserted a piece of it in the mouth leaving an opening where the tooth had been extracted—again heating the end of the poker to a white heat, and inserted it in the mouth and applied it to the tooth cavity. Its work was instantaneous, and the hot iron did the work of arresting the hemorrhage at once.

Here was a case that would not have allowed time to administer Dr. Walton's remedy.

Dr. Walton. I never knew until now where I was before I was born. I have just found out that I was in Beckwith's office.

Dr. Phillips. I saw a patient in consultation that about once a year would bleed profusely from the kidney. That would continue for several days. He would pass enormous quantities of blood. Sometimes he would pass through the urethra clots as thick as a finger and several inches long. There would occasionally another condition accompany this bleeding, and that was an effusion about the knee joint so that the joint would become enormously enlarged. I said to the physician who was attending him that there was pus about that joint. He remarked that he didn't think so, but we would try and see. Get a hydopermic needle and see if you can bring away any pus. I tried it and got nothing but a bright red fluid. The next morning I saw him and he said: "I want to tell you when you put a hypodermic needle into that knee again, you stay with him. I was up all night with him from the bleeding."

Dr. Horner. Instead of discussing the homeopathicity or isopathicity of the curtain rings stopping a hemorrhage, let us consider the value of homeopathic medicines in hemorrhages of this sort. Phosphorus is noted for its effect in stopping an oozing hemorrhage; hemorrhage from a small wound bleeds much. We know that the blood in phosphorus is non-coagulable. We have for that

reason a remarkably efficient and valuable remedy in phosphorus in lung troubles—in the respiratory tract. Besides all that—phosphorus is the remedy for de-organized or disorganized condition of the general system. That to my mind is the principal point in the paper.

Dr. Haggart. I think that dentists as a rule have more to do with haemophilia cases than the general practitioner. About five years ago I had occasion to see a case in a dentist's office that was having severe hemorrhages. He stated that he had always taken pains to keep in his office those particular simple things that had always proved effective in hemorrhages likely to be met in his work. In this particular case two or three times he had stopped the bleeding but it returned until at last it was arrested by means of chewing gum.

Dr. Clarke. Has anybody ever observed a case of haemophilia in a woman? The authorities state that this condition is always confined to the male sex. This is a wise provision of nature. If it were not so, menstruation would be the most fatal disease known.

Dr. Walton. I want to speak of a case of haemophilia that had this peculiarity: The first male child for four generations had been subject to this bleeding and died. And this boy, to whom I was called, being the first male child, finally died. The other children were immune.

Dr. Cook. I do not think we can have too many remedies in this kind of trouble. The Alkaloidal Clinic calls attention to the virtues of atropine in these cases. I have never had a chance to try it, but simply state it as a suggestion. They give quite a number of instances of controlling hemorrhage even after adrenalin had failed.

Dr. Smith. In regard to the objection to actual cautery and adrenalin. I have had occasion to see both used in a dentist's case, where from extracting a tooth there had followed very great hemorrhage. They tried actual cautery but it merely increased the size of the orifice without accomplishing the desired end. He called me in to look at it, and I found that the cavity was bleeding profusely. I suggested the use of adrenalin; he used it locally and stopped the bleeding for a time; then it recurred and being again

resorted to it finally did stop the hemorrhage and the wound made a very satisfactory recovery. In a hospital we had a case of cancer of the superior maxillary where the bleeding was stopped almost instantly. The whole interior of the mouth was affected and the superior jaw was taken out and the space curetted. An entrance was made into the antrum. Yet with all that we did there was not more than two or three tablespoonfuls of blood throughout the operation. In regard to haemophilia being confined to the male sex—in what reading I have done along this line I haven't found that statement. In women it is supposed to be profuse menstruation or in some instances a physiological hemorrhage or something of that kind would occur so that it would be difficult to say in what cases there was haemophilia. Haemophilia is transmitted through the female side of the house to the male, principally, but is not confined to the male.

THEORY vs. PRACTICE.

By J. W. MEANS, M. D., Troy.

When the medical student receives his diploma with the signature of a host of college professors attached thereto, he imagines that any information that may be imparted to him by or from any other source than from the *Oracles* aforementioned, is as a *mole hill* to a *mountain*.

He plants himself in a village or city and is soon wrestling with a number of chronic incurables, who have until now, given up all hope of ever being restored to health, but the positive assurance and amazing confidence manifested by this modern Solon that the proper remedy and the correct potency will surely cure, gives hope and renewed strength to the heretofore crestfallen and hopeless subject.

He carefully re-reads his note books on Practice and Materia Medica, and the more he reads them, the less luminous the once brilliant ideas become, and in due time he discovers that his patients, once so hopeful and so thankful that the Almighty has heard their prayers, and sent this paragon of intellectuality to rescue them from utter despair of recovery, have discovered that the remedies pre-

scribed have not improved the aforesaid incurables' lesions or diseased conditions, but have impressed the patients with a deep seated conviction that the new disciple of Aesculapius is a charlatan and whose whole object is to fleece the poor afflicted citizen of his pennies.

The medical student is filled with vim, vigor and enthusiasm; he is carried like Moses to the summit of the mountain to view the promised land, but unlike Moses, he is given the liberty to possess the rich valleys below, if he will come down from his lofty pinnacles, and study nature as she is and not as he imagines her to be.

After a short probationary season, or rather, an experimental period, characterized by deep humiliation and questionable misgivings of the future, a ray of light, which in this age of the world might be called the unfolding or evolution of an *idea*, penetrates his brain, and he discovers that nature does not at a single bound perfect her marvelous productions.

He has discovered that what he imbibed while in college must be digested and assimilated according to the laws of nature, before he can comprehend the mysteries and intricacies of that impalpable and immaterial condition known as disease. "Disturbed function" expresses volumes, because without disturbed function we have no disease.

Homeopathy has lost none of its eclat among the thinking and progressive physicians. The source from which emanates the pure crystal waters, carrying *truth* and power on their banners, is as unfailing as in the days of Hahnemann. True, attempts have been made by the emissaries of poly-pharmacy and benighted theories to pollute the head waters of our school of medicine by affiliation and association. Their overtures, coated with saccharine solutions and baited with eloquent promises, are as deadly to Homeopathy as the sting of the adder is to the human being. Absorption then annihilation is their motto.

The physician should be a progressive individual. New ideas should be investigated. Theories are conceptions of the mind usually far in advance of the practical illustration of the subject treated. They are generally true, and the failure of which is due

to a lack of comprehension on the part of the physician to properly apply.

Physicians become, by reason of habit, self-sealers; they involuntarily inclose themselves in a cocoon that in course of time becomes impervious to all outside impressions. The connecting wires leading to the outside world uniting the great centers of energy, are cut off; a stage of retrogression sets in and the M. D., once the ideal of the community at large, has become a mud-sill and a stumbling-block to progress.

Mechanical and material medication fill a certain field in medical practice, but the real motive power that propels the planets in their orbits, and gives the man the power to interpret nature's signs and apply them in the sciences and arts, is *mentality*. The subjective mind has absolute control of the functions, conditions and sensations of the body, consequently, it is of great importance that the medical student becomes acquainted with the theories and possibilities of suggestion as applied in the treatment of disease. Hudson says "That there resides in mankind a psychic power over the functions and sensations of the body, and that power can be invoked at will, under certain conditions, and applied to the alleviation of human suffering, no longer admits of a rational doubt."

Confidence and imagination can produce marvelous effects. Quacks have taken advantage of these well known facts and assumed to be physicians of a superior type, and have in some instances, succeeded in convincing the public of the genuineness of their claims.

The theorist is the true philosopher. Every invention and theory from the days of Copernicus to Marconi was branded as an idle dream. The mind leaps forth into unfathomable space and centuries may elapse before its conception can be practically demonstrated. Mental telepathy and wireless telegraphy are both well established phenomena, and the day is not far distant when the mind of man will have complete control over matter.

A CASE FROM PRACTICE.

By FRANK WEBSTER, M. D., Dayton.

March 2, 3 a. m., I was called to see Mrs. B—, age 55. Found her suffering with a great pain in right side in region of liver and ileo-caecal valve; with general pain and soreness extending all over abdomen. This pain came on suddenly sometime during the night, and was soon followed by vomiting of some undigested food and bile.

With the exception of an eczematous eruption on the hands and lower legs, she had been in good health for several years. Her mother at same age was troubled with gall stones.

Diagnosed, bilious colic and gave copious enemata of warm water and provoked emesis by giving large draughts of warm water. Bowels did not act freely after enema. Gave colocynthis 3-x every ten minutes for some time.

Thinking perhaps she might be passing gall stones, I gave 1-4 gr. sulphate morphia hypodermically and applied dry heat.

Saw patient at 10 a. m. next morning. Some better. Gave another enema of warm water, which was followed by a copious light clay-colored stool and gas, with some relief. Patient was still nauseated, but no vomiting; somewhat jaundiced and considerable soreness over abdomen and especially over region of appendix and liver. Was still somewhat undecided what was the whole trouble. Had some symptoms pointing to appendicitis.

Had hot applications of turpentine, camphor and hot water applied over the abdomen continually for two days.

Urine became very dark; could not find any trace of gall stones in evacuations from the bowels. Gave two doses of castor oil on the third day with good effect. Kept patient on bryonia 2-x and chelidonium 1-x.

About fourth day soreness and pain settled down to region of liver and in a week or ten days, after general soreness had subsided sufficiently to enable me to outline the liver; found it somewhat enlarged and tender.

Patient continued to improve until end of second week when the right lung became congested. Had some cough with bloody

expectorations for four days. Patient has made slow but good recovery. Has been on bryonia, mercurius sol., china and chelidonium most of the time.

I report this case to show how undecided a person can be on first seeing a case when it has symptoms pointing to several diseases.

BUREAU OF PEDOLOGY.

FLORENCE SMITH-WHITE, M. D., Chairman,	- - - - -	Cardington.
"Chorea."		
WM. HOYT, M. D.,	- - - - -	Hillsboro.
"The Convulsions of Children."		

CONVULSIONS OF CHILDREN.

By WM. HOYT, M. D., Hillsboro.

Convulsions may be divided into clonic and tonic, but for the purpose of this paper such a division is unnecessary although we most frequently meet the clonic variety, where we see frequent relaxations, and contractions of the muscles, producing rapid jerking of the whole body and extremities and even to the eye lids, instead of the tonic variety where the rigidity of the muscles continues for what appears to the anxious watchers a long time.

Convulsions are very alarming to parents and friends, but usually not dangerous unless they come on late in a disease or are caused by some disease of the brain or spinal cord, although they are much to be dreaded; not so much for the danger of death as if often repeated, there is a possibility of them becoming a habit, so in time we have that terrible disease, epilepsy, a condition more to be dreaded than death.

Convulsions may occur at any time in childhood but less frequently after the age of five or six years. Many times they are preceded by some premonitory symptoms which an experienced physician can detect, so as to be prepared when they do come, or by proper measures ward off the attack entirely.

Drowsiness and a wild look about the eyes, or the eyes may have a fixed appearance for a moment without any indications that the child realizes what it sees. Sometimes there is an unusual heat about the head, jerking of the muscles, delirium, etc., all of which should be sufficient cause to excite alarm with physician and friends.

The causes are many and varied in character and with some children even the law of heredity may have its influence. Perhaps a majority of the children afflicted with convulsions are predisposed to such ailments on account of their delicate and sensitive nervous system.

With such it takes very little to precipitate an attack. The great majority of convulsions that physicians meet in every day practice is undoubtedly caused by some irritation of the gastrointestinal tract.

Sometimes some indigestible substance may have been lodged at some point in the intestinal tract, and relief cannot be given until the offending substance whatever it may be has been removed.

I have known of cases where such offending substance has remained in the stomach or bowels many days and immediate recovery follow the expulsion of apple skin or the seeds of fruit or berries. Almost any disease or irritation may be an exciting cause; particularly exanthematic fever, such as smallpox, scarlet fever, and measles, about in the order mentioned, and if the diseases are very violent the child may die before the eruption disappears.

If convulsions come on after scarlet fever eruption appears, the case may be considered extremely grave and in all probability the patient will die.

Convulsions appear to attack boys much more frequently than girls, although I fail to see any good reason for it except the tight foreskin, and the accumulation of smegma; such conditions no doubt act as an exciting cause in spasms as well as other nervous troubles.

Undue excitement of a nursing mother may precipitate an attack of convulsions, hence it is very important that she should avoid worry, anger, or great excitement of any kind, and if such conditions should unavoidably occur the breast pump should be used before the breast is given to the child.

It is also important that with babies fed on cow's milk the cows should be cared for by gentle hands, and not worried by dogs or be driven fast by thoughtless persons. Poisonous ptomaines or toxins may come from milk as well as various nitrogenous foods,

and the alimentary canal is a good place to develop such poison germs. And except for the action of the liver in destroying such germs it is probable toxine poisoning would occur much more frequently than it does at the present time. In proof of this it is a fact that some poisons may be swallowed with impunity which if injected under the skin would be highly poisonous.

For instance, the poison of dissecting wounds which is so much feared by students and physicians, yet they never hesitate to suck the poison into their mouths where it is possible some of it may find its way into the stomach. Also some snake poisons may be taken into the stomach with impunity, that would cause immediate death if administered hypodermically.

All children should be fed with regularity if they appear to be hungry, but if a child is unwilling to eat, do not insist for the demands of nature is the best guide and I would emphasize this point for, ten times as many children are killed by over-feeding than by underfeeding. Another point should be burned deep into the brain of every one that has the care of infants and children, and that is that every child of every age should have a chance to drink water *ad libitum*.

Many children take food with avidity not because they are hungry, but because they are thirsty; so under no circumstances should water be forgotten.

Many times where a child has had convulsions or is threatened with them the restlessness may be greatly relieved by feeding it water, a few drops at a time, and if given in that way it will be tolerated a long time, while if given in large quantities it is likely to be thrown up. Even if it is thrown up, as long as the thirst is great I would continue until the little patient is satisfied.

Many attacks of convulsions are preceded by or accompanied with high fever, and a high elevation of temperature in a nervous child should always excite alarm.

As to treatment I believe the bowels should be evacuated freely and as quickly as possible. An enema will do good, but one thing will be needed that will pass through the bowels and dislodge any offending accumulation. Castor oil will probably do the work as quickly and thoroughly as any remedy known.

The homeopathic remedy should never be overlooked, but very few would expect good results from a well selected remedy in case of poisoning until all the poison possible had been removed from the stomach.

In case of convulsions usually there is a local irritation or poisoning of some kind and the more of that which can be eliminated from the system the better the results we will get from the well selected homeopathic remedy which can be found by consulting any one of our many good *Materia Medica*s.

CHOREA.

By FLORENCE SMITH-WHITE, M. D., Cardington.

It is not my purpose in this short paper to say much concerning the aetiology and pathology of this disease, but briefly to consider the causes which we may hope to remedy, the general management of cases, and the few remedies we have found useful in assisting the process of cure.

Of the forms of chorea we will consider only that which affects early life.

By chorea, or St. Vitus' Dance, we mean a non-febrile spasmodic disease, characterized by irregular but not entirely involuntary contraction of the muscles, particularly of the extremities; these spasmodic movements, sudden and frequent, cease as a rule entirely during sleep. Occasionally a case is seen in which only a peculiar gesture is rythmical and violent; some cases characterized by leaping and dancing, hence the use of the term "Dancing Mania" or St. Vitus' Dance.

Of the twenty cases which have come to my notice, sixteen have been under ten years of age, and contrary to the experience of most authors, a larger per cent have been males.

In the history of many it has been discovered that one or both parents have been subjects of migraine or epilepsy, or both; and very often one or the other had been afflicted with chorea in childhood.

Causes. Predisposing. Aside from heredity we must claim that of faulty home training to be one of the most potent. Late

hours; insufficient sleep, and participation in conversations unfit for immature years. One of the commonest causes producing chorea is the system of education which requires monthly test examinations, the fear of not passing which often induces such extreme nervousness that attacks are thereby precipitated. Bad dietary, food highly seasoned and lacking in elements that build up nervous force, and often taken too hurriedly—this last cause being that of reflex chorea.

Direct causes, fright or shock; rheumatism.

A large per cent of cases I have seen have followed an attack of rheumatism, usually within ten days or two weeks, and indeed it is so often an immediate precursor, as to lead one to presume that it had more than a casual relation to it, were it not for the fact that such a large number of children are subjects of rheumatism.

Reflex Choreia. In three of the cases coming to my notice the causes were reflex; one due to nasal polypus, one to tape worm, and the other to phimosis, all being promptly relieved on removing the cause.

Treatment. It goes without saying that removal of causes should be the first step in relieving effects, and we must first insist upon a normal, healthful regime. Regular meals and a dietary that is proper for the young; avoidance of over stimulation; plain, nourishing food. *Rest.* This is one of more importance than many suppose and should be made imperative. So important do I consider it in the management of cases that I have been in the habit of refusing to care for cases that cannot be made to rest at least three hours daily.

In a great number of cases when movements are violent it is quite necessary to restrain the movements by mechanical means.

Remedies. Of all the remedial agents found curative *arsenicum* stands pre-eminent; covering as it does the symptoms so universally present; exhaustion with great restlessness, fretful, discontented, and capricious; twitching of limbs, especially lower ones, which are cold and clammy; great emaciation.

I have found this remedy not useful in high potency, but use it below 3x.

Calcareo phosph. Children in whom defective nutrition is evident, who have been slow in dentition; rachitic children; rheumatic pains in upper limbs; children who take cold easily, but unlike calc. carb, cases, look thin and wizened.

Causticum. Especially indicated when choreic movements at night and especially of the face. The keynote symptom leading to my use of the remedy is a peculiar spasmodic clearing of the throat due to presence of mucous in larynx.

Cimicifuga. Found useful in the case of girls who approach puberty. Special indications: Nervous tremors; inability to sleep until a late hour; deglutition often difficult; movements worse on left side.

Ignatia. If the attack has been caused by fright; especially if much weeping, sobbing and sadness.

BUREAU OF SURGERY.

L. K. MAXWELL, M. D., Chairman, - - - - - Toledo.
"Internal Derangement of the Knee Joint."

C. E. SAWYER, M. D., - - - - - Marion.
"An Experience With Formaldehyde Hypodermically in a Surgical Case."

**AN EXPERIENCE WITH FORMALDEHYDE HYPODERMICALLY
IN A SURGICAL CASE.**

By C. E. SAWYER, M. D., Marion.

It is the accumulation of positive evidence that constitutes facts by which we may be guided, and each practical experience goes a long way towards fixing working principles which make successful practitioners. Imbued with this belief I am led to present this paper and although it may contain matter at variance with some of our fixed principles, I trust that it may have sufficient merit to excuse its shortcomings.

The time was when much of doubt and much less of certainty surrounded the workings of our profession. Fortunately for all, that day is passing. The changes which have come to us and our practices as a fraternity have gradually filtered through the darkness of dogmas and creeds, until at last most physicians are inclined to consider cases in a reasonable way. I admit that modern methods force us to depart somewhat from former policies and precepts, but I feel sure that they do not make us less capable, and for that reason I think the change is commendable.

Especially is this true with reference to the real causes of diseases. Whatever may be our feelings with regard to bacteriological life, we are compelled by force of circumstances to grant much to our later day investigators and their findings. Knowledge of materia medica anatomy and physiology as we were taught them is of much importance to the proper understanding of the human body from a physician's standpoint, but a general understanding

of the physical workings of the various systems of the body and of drug provings alone is not sufficient, for when the microscope begins to shed its penetrating rays into the dark recesses of the human economy, we are taught that much that has heretofore seemed fixed and real is mysterious and uncertain, and if bacteriology has done, nothing else, it has at least helped to clear away much debris that interfered with professional progress.

'Tis true that many of the micro-organisms discovered are found to be coexistent with human life in health and this leads to the question which of these microscopic bodies are harmful and which are needful. These questions to some extent still go unanswered, but along the broad avenue which leads up to the yet unsatisfied interrogation, there are marshaled in single and double columns companies, regiments and brigades of animalcula, which are well enough understood in their influence upon the human organism as to leave no doubt regarding their effect.

There is no longer question but that septicaemia is the consequence of a bacillus. If that were not true, then antiseptic surgery would not be useful, nor would the following of its principles be so protective. Admitting this fact symptomatology ceases to be a guide by which to prescribe; therefore we must rely upon other sources of information for assistance. We have to contend with a foreign body, a living micro-organism whose effect upon the system under certain circumstances is to generate toxins which bring disaster. This being true it is only reasonable to conclude that the rational line of treatment in such conditions is to use some antidote that will destroy the germ. Knowing that certain remedies have this ability outside the body, the problem that presents is to find the remedy which will, when introduced into the blood, destroy the germ and at the same time aid in its elimination.

The seeking out of these microscopic bodies and determining of their relation to the human economy, together with the means to be employed has changed many of our heretofore fixed rules, and today we are applying principles which until recently have been unused and ignored, except as they have been applied locally or surgically.

Especially is this true of the treatment of blood poisoning. Septicaemia is the bane of every practitioner's life. The surgeon, the obstetrician, the gynecologist, the aurist, the oculist, the general practitioner and the layman alike look with dismay upon the first warning signal of its invasion, and as each and all have been forced to admit the futility of many of the old means in coping with the disorder, every one must be interested in the possibilities of anything new in the way of treatment.

As all know, septicaemia may be insidious in its onset, mild in its local manifestations, but nevertheless most disastrous in its consequences. That we may know how to overcome the dangers of this arch enemy of life, it is well that we consider first, the invading forces which we have to combat; second, that we appreciate the human forces we have at command, for it is upon this knowledge that our professional reputation must stand or fall, and it is upon these principles that all success depends.

Fortunately the municipal government of the human body supplies its own protective force. The white corpuscle is the untiring officer who obstructs invasion and interferes with all menacing influences, and anything which increases the activity of the white corpuscle aids in the overcoming of the disease. On the other hand, the germ which the blood poisoned body always contains is the thing to be counteracted. Here we have the force and the obstacle, so regardless of symptomatic manifestations we must deal with two principles, one of which increases nature's healthful forces, the other of which diminishes disease effects. To this end we have to be guided by observation and experience.

Recently it has been shown that life may be perpetuated by certain external influences. The normal salt solution, for instance, applied to the dismembered heart of the turtle keeps it beating long after the animal which it is taken from is dead. This being true it is natural to conclude that if these things are possible with organs that have been separated from their natural surroundings, that the normal salt solution is a great means of sustaining life, and it is therefore only reasonable to conclude that it will be most helpful in prolonging life under all circumstances. Its power of stimulating cellular action and thereby increasing life giving forces

at once commends it for use in any disorder in which there is need of such effect, as there always is in such conditions as septicaemia.

Now if blood poisoning is due to a germ, and that germ is developed by certain influences and destroyed by others, then the principles involved in coping with it resolve themselves into rendering the material upon which the germs live incapable of their support and thus destroying them and finally by eliminating them so rapidly that they can do no harm. To do this best we must, regardless of symptoms and appearances, meet them with remedies which render them inert and inactive and at the same time supply means which will support life until the necessary elimination is complete.

This brings us to the further consideration of remedies to be employed, the purposes for which they are employed, and the means by which they are employed. Formaldehyde in a 40 per cent. solution, if carried into the system, kills the germ and renders it incapable of obtaining nutrition from the blood, while the normal salt solution increases the action of the tissues and especially of the circulation to such an extent as to support life during the antidotal process; thus it would seem that the combined influences of two such remedies is essential to the result sought. Either alone is not sufficient, but combined they are equal to the emergency.

Up to the present time physicians have treated the manifestations of blood poison rather than the thing that produced it. Our present knowledge of things makes it possible for us to overcome and remove the producing cause, providing we employ the proper means to that end.

To show the applicability of the methods cited, the following case is given and I trust will afford sufficient evidence to convince some of you at least that the principles employed are worth consideration. In this desperate case they proved quite effectual, and I believe that if in dealing with septicaemia we can discover some safe remedy to be injected into the blood which is known to kill the bacilli, and can at the same time fortify the system with sufficient stimulating force to eliminate the destroyed product, that blood poison will be robbed of its terrors. To me the normal salt

solution, with perhaps the addition of a small percentage of calcium is all that is needed from the latter standpoint. As to the formalin being the remedy to meet the former desideratum is still a question. All that I am sure of is that in the case cited it was all sufficient.

On February 26 a pan-hysterectomy done under circumstances and conditions which were not the most favorable, the following conditions presented: The pathological manifestations making the operation necessary were numerous fibroids of the uterus; degenerating cyst of the right ovary; large pus tube on the left side, in a nymphomaniac of years' standing. The patient was removed from the table in fairly good condition. For seventy-two hours there were no unfavorable indications and all went apparently well. At the end of that time a sneaking chill forestalled a high temperature and all general indications showed that trouble of serious import was pending. In a short time the pulse rate, which had been fairly regular before, was rapid and erratic, reaching in a few hours 140 to 150 beats per minute. Respiration also increased until the patient was breathing from 40 to 50 times per minute, while the temperature rapidly climbed the scale until it registered 106½. All of the other symptoms indicated gravity of the situation, and were such as to leave no doubt of the peril of the case.

For several hours preceding this climax all ordinary means, such as antipyretics, antiphlogistics and the chief fever reducing means were employed, both locally and internally, but without avail. The field of operation showed no local sign of contamination and I sought in vain for evidences of local disturbance. The storm was a general one. The infection was complete. All constitutional forces were paralyzed. The bowels became obstinately constipated, the urine suppressed, the mouth and lips were covered with sores, the skin soon became yellow and inactive, and extreme restlessness, together with delirium, added further evidence of great danger.

Recalling a recent article in which formalin had been used, going over an experience in which the normal salt solution had been helpful, I began my treatment with two points in view. First, improvement of the blood current by stimulating the tissue; second,

the saturation of the blood with material to destroy the disease germ. To this end, I did the hypodermic injection of a quart of normal salt solution under the breast and into the cellular tissue of the thigh. The immediately apparent effect of this was a support of the flagging pulse, an increase of the volume of circulation, but not affecting in any way the temperature. After waiting sufficiently long to satisfy myself that this remedy was not sufficient, I added to my forces formalin, which I used hypodermically, one drop of 40 per cent. solution to one drachm of normal salt solution. The temperature which heretofore had remained unchanged except to increase to 107 degrees declined within an hour to 103 degrees, to return to the maximum again at the end of three hours.

This experience was repeated for several hours, when I decided that the dose of formalin was too small. I then doubled the amount and while watching the effects, I soon discovered that I had not been giving enough of the remedy before to counteract the rapidly increasing bacteria, but with the increased dose it was only thirty-six hours until the temperature was down to normal and all of the grave symptoms had subsided and the patient went on to recovery.

I omitted to state that the salt solution was repeated every twelve hours. After each injection the urine was markedly increased in quantity and was loaded with sediment, showing conclusively that the eliminating forces were hustling the dead germs out of the body.

This experience leads me to the following conclusions: (1) That septicaemia is the result of a germ. (2) That antidotal treatment alone in cases of septicaemia is not sufficient. (3) That the toxin produced by the streptococcus is the factor which produces the high temperature. (4) That this toxin is overcome only after such means have been employed as reduce the streptococci to the minimum. (5) That the capillary circulation must be stimulated in proportion to the exterminating force used in order to bring about the end sought, and finally, that the disease germ must not only be killed, but it must be eliminated as well, and this is not accomplished by either one of the remedies referred to singly, but combinedly the power is sufficient to the destroying and removal

of the producing and disturbing cause, and therefore of overcoming the disease.

Dr. Jones: The opinion of one man does not count for much any way, I presume, and especially here; and yet I object to taking this as an example for the treatment of our cases. To adopt a preparation that has been used but once by the author which was copied from some one else, it seems to me is not a safe way to practice medicine. It is a fact recognized by all that the majority of diseases are of germ origin, and if the statement made in this paper is correct, then all such diseases should be treated in the manner in which he treated his case. I am giving the opinion of a practitioner merely, with not as many years of experience as Dr. Beckwith, but somewhere near forty years. I am convinced that our treatment today is not as successful as was the homeopathic treatment of 20 or 25 or 50 years ago when none of these remedial experiments were tried.

Dr. Wilson: I would like to ask the writer what results he had from his hypodermics, and whether it was not necessary to dilute it some before putting it into the circulation? I had a case in which I used this formaldehyde. I couldn't use it but once. I would have had to give up the case if I had tried it again. I believe the treatment was all right, but I do believe that we will have to get this in some form that can be readily used, so that the patient can bear it without so much suffering. It liked to have set my patient crazy; the burning lasted for some four hours. The doctor associated with me helped me out a great deal, and I think his suggestion of the normal solution of salt saved my patient's life. But today she has an abscess on her limb where she had that injection, and it discharges pus.

Dr. Maxwell: I have not used it myself, but I have friends in Toledo who have used it in cases of infection in three or four instances. In none of these cases have any particular benefits been derived from formaldehyde and they have gone on and died, just as they have done under former methods of treatment. I think that normal salt solution does as much for these cases as formal-

dehyde. I feel that with certain types, especially streptococcic infection, anti-streptococcic serum will give good results. I have a friend who has used it largely and where he has had this type of infection to contend with, it has done the work in every instance.

Dr. Walton: I have never used the formaldehyde hypodermically, but I have used it as I said yesterday in my paper in the cavity of old abscesses. It is a mistake to use it too strong; it will set up intense burning and with that in prospect the patient will not permit a re-application of the remedy. In abdominal cases my solution would be 1 to 1,500. Dr. Sawyer, as I notice it, used it 1 to 240, which I am inclined to think might have caused a good deal of inconvenience. But that is entirely unnecessary. I believe it is a valuable remedy, however, when your arsenic, when your lachesis, when your crotales will not take care of your case. Formaldehyde is a good thing, but I don't see that it is any better than the other remedies; but so long as we do not have absolute indications for our remedies formaldehyde is just as valuable.

Dr. Kilgour: In regard to the anti-streptococcic serum, I would like to hear the experience of the society in reference to its use. Parke, Davis & Co. sent out some literature concerning the great value of this remedy in scarlet fever. It gives the name of a physician in Detroit who had made applications of it in three cases of scarlet fever, ranging in temperature from 103 and upward. After the three children had been in his hands for less than a week he determined to use the anti-streptococcic serum in the worst case, and he relieved it in 48 hours. The temperature had dropped to practically normal and the child was well in a few days. He made the application in the other two cases with the same result. If this is true, then anti-streptococcic serum in scarlet fever is something worth knowing.

Dr. Walton believed that it was simply the result in the case mentioned, and would not be the case in scarlet fever.

Dr. Baxter: These things come from allopathic sources, and they are constantly searching for what they call specifics. They seize upon every instance of this kind as possibly leading in this direction. When we read of these marvelous cures, it would be well to follow them up. If I remember correctly, in the first case

in which formaldehyde was used, there was at first an amelioration of the symptoms, but subsequently the patient died. This latter circumstance was not so extensively advertised as the first. Another thing, circulars containing reports of these cases come from manufacturing chemists, who have a commercial interest in them, which is worth remembering.

Dr. Walton: I would like to add a bit of information, for I think I got a proving of formaldehyde. I had an abscess of the thigh which contained two quarts of pus. I injected into that about a 3 per cent solution of formaldehyde and caused a great deal of inconvenience for an hour; but in six hours that man was in a profound collapse. I never felt so cold a forehead or saw so profuse a perspiration. It ran in rivulets—I am not exaggerating. His pulse was 140 and temperature 97. Now that followed the use of formaldehyde, and I couldn't attribute it to anything else. A hot normal salt solution under the breast and strychnine under the skin saved him.

Dr. Sawyer: In presenting this paper I only gave you the results of an individual experience. I am not contending for a remedy, but for a principle. I do not feel that I am any the less a homeopath for the theory upon which I base these conclusions. If you will figure out this injection you will find that it was about the third centesimal. It was an extreme case. It was given as a dernier resort. She was practically in extremis. I believe that septicaemia is a germicidal condition, and I think that Dr. Walton's last case reported proves conclusively two elements of treatment are necessary; one is that you kill your germ, which he did with his injection, and at the same time to help the eliminative processes so as to get rid of the germs that have been destroyed. You must have forces to meet these two points. You must stimulate your elimination. The method of this application is the method I am standing for. The remedy is not a remedy that I stand for, except that it does these things in our laboratories. Therefore, I contend that it is certainly one of the remedies for the treatment of septicaemia. This was the remedy that came to the rescue after baptisia and arsenic and ferrum phosphorus had proved unavailing. Now then as to the consequences as spoken

of by Dr. Maxwell. I would simply remind you that he lives in Toledo, a city whose mortality is the highest of any in the United States. His experience has been just what I am trying to fortify you against—that is, in using a germicide alone. Formaldehyde, or the hot salt solution alone, are not sufficient to destroy the bacteria and eliminate them. You must use these two influences combined if you wish to get these results in these extreme cases. Now as to the local effect. I am satisfied in my own mind that the method applied was all right in this particular case, because she was one of those phlegmatic creatures that was not susceptible to toxic influences and consequently was not affected like Dr. Wilson's patient was affected. I think the method of application was not the best method. I believe that a better one is to use it in a large quantity of salt water. Dr. Walton's plan is a very good one, and hereafter I shall use the formaldehyde in larger quantities of salt water. The idea I wish to impress you with most is that you must bring about a destructive influence to overcome the invading forces. I used a 40 per cent formaldehyde solution in hot salt water with the effect of reducing the temperature in a few hours. At the end of the third hour the temperature rose. The dose was not sufficient to overcome the germ. There were too many germs to be met, or in other words, the invading force was stronger than the police force, and consequently I had to increase the police force. If I had stopped at that my result would have been the same as Dr. Maxwell's. But by aiding the stimulation I succeeded.

INTERNAL DERANGEMENT OF THE KNEE JOINT.

By L. K. MAXWELL, M. D., Toledo.

At various times in my professional work I have been impressed with the meager amount and unsatisfactory character of the literature to be found in the various periodicals and text books of surgery on this subject.

In January, 1900, I was interested in a personal injury case of this character and found it so radically different from anything described under this head, that I took unusual interest in looking

up literature bearing upon the case. I finally obtained a clinical lecture upon this subject, delivered by William H. Bennett, of St. George Hospital of London, in which he gave an analysis of 200 cases treated by himself. This lecture was classical in character and I hope that I may be pardoned for quoting very freely from it.

The total number of cases in the series numbered 200 (182 males and 18 females); these included only such as presented the characteristic symptoms under discussion, all cases which could be classified under the head of "loose bodies" commonly so called being excluded. The ages of the patients varied from 13 to 62 years. The left knee was affected in 133 cases and the right in 57. The inner side of the knee was the seat of the symptoms in 155 cases and the outer side in 45 cases. Ninety-eight cases were seen after the first attack and 47 after the second; in the remainder the number of attacks occurring before the patient came under observation varied from 3 to 22. With the exception of 20 cases, which were too far advanced, all were at first treated by temporary rest, massage and exercises; of these 112 were cured, 83 without the use of any support or apparatus; in 39, temporary support was necessary for times varying from 3 months to one year. In no case in which the rest and massage treatment was commenced after the third attack was sufficient improvement effected to enable the patient in the absence of operation to entirely dispense with the use of support of some kind, but in a certain proportion of these the support was used only as a precaution under special circumstances. The cases in which a support was used permanently (being worn either continuously during the day only or at various intervals) amounted to 58; of these, the treatment commenced after the first attack in 25, after the second attack in 18, and after three or more attacks in 15. Three patients declined treatment altogether. Operation was performed in 27 cases (all males); of these, the semilunar cartilage was at fault in 15 only; of the remaining 12 the causes of the trouble were small pedunculated bodies in four instances, and abnormal folds of synovial membrane springing from or near the ligamentum mucosum in eight. In the 15 cases submitted to operation in which the semilunar cartilage was involved the left knee was

affected in 12; of the other operation cases seven occurred in the left knee and five in the right.

The symptoms and their causes.

The train of symptoms usually recognized as indicative of the lesion are precise enough, viz.: Sudden pain with or without a sensation of something having slipped out of place in the joint, complete fixation or limitation of the power of extension of the leg upon the thigh at any angle between complete extension and a point halfway to semi-flexion, followed by effusion into the joint with tenderness over one or other semilunar cartilage. These symptoms may occur apparently spontaneously during some normal movement or may result from a violent wrench or blow; speaking generally, rotation movement of the leg upon the thigh is a prominent factor in their causation. Relief may follow immediately from spontaneous reduction of the displaced or nipped structure or it may be by reduction by manipulation.

In some cases, principally the slighter ones, which for reasons to be stated are of extreme interest, manipulation not only fails to give relief, but may cause an increase of the symptoms. It is not infrequently stated that in marked cases of displacement of the semilunar cartilage the structure can be felt upon palpation, but I venture to think that these cases must be very few in number; it is often possible to feel some fullness along the line of the cartilage, but I believe it is, as a rule, merely the swelling from blood extravasation with or without inflammatory exudation, and I am sure that the existence of thickenings of this kind is no certain sign of displacement of the cartilage. In fact, so far as I know, the only positive sign of the lesion being a displaced cartilage is the occurrence of a deficiency, upon comparing opposite limbs, felt above the head of the tibia on the affected side in consequence of displacement of the cartilage freely inwards. Projecting thickenings are no evidence of cartilage displacement, since any loose body fixed between the bones may give rise to exactly the same abnormality in outline. It is a matter of common knowledge that although the train of symptoms in these cases is so precise and clear, the causes to which they are due are by no means always the same and may be classified as follows: (1) Displacement of a semilunar carti-

lage; (2) the nipping of folds or shreds of synovial membranes between the bone ends; and (3) loose or pedunculated bodies in the joint. To these three commonly recognized causes I venture to add (4) bruising of the peripheral edge of a semilunar cartilage and its attachments without displacement or necessarily loosening, the immediate result of the lesion being a local effusion of blood (subsequently reinforced by a certain amount of inflammatory exudation), a portion of which insinuating itself between the bone ends acts as a foreign body. To this condition I have heard no allusion made nor have I met with any mention of it in surgical literature. It is, however, I believe, the cause of the train of symptoms in the majority of the milder cases of so-called "slipped cartilage." It is quite curable by proper treatment, while if neglected or improperly managed at first, it leads to some of the most intractable cases of the graver sort.

In order to make my reasons for this belief clear it is necessary to refer to the following elementary points. The essential symptom in all these cases, as everybody knows, is the fixation, or at all events limitation in the movement, of the joint resulting from the existence of foreign material between the bone ends. If the foreign substance be a portion of a semilunar cartilage, loose body, or fold of synovial membrane, the symptoms are very pronounced, but they disappear at once after the reduction has been effected, whether the reduction occurs spontaneously or is brought about by manipulation, the movements of the joint being at once recovered. The only positive evidence of successful reduction lies in the ability to extend the leg upon the thigh without resistance as completely as in the sound limb; anything short of this is held to show that some mechanical obstacle in the way of foreign material between the bones still exists. Unless my experience is exceptional it must have been noticed by others in the majority of cases of the milder sort in which the limitation of movement is only slight, that although the symptoms are precise enough the limitation in the extension of the leg cannot be rectified by manipulation, however carefully it may be carried out; "reduction" of the "displaced" material cannot, in fact, be accomplished. Not only does the inability on the part of the patient to completely extend the limb



remain unchanged by the manipulation, but it will be found that even under an anaesthetic it is impossible to completely straighten the limb. It is true that if the patient whilst anaesthetized be laid on his back, the limb can be put practically straight, if firm backward pressure be made upon the front of the knee; but upon the removal of the pressure the knee immediately springs forward, leaving the limb bent to the same degree as before it was straightened in the manner indicated. The failure of attempts at "reduction" in these cases is due not necessarily to any want of skill in the manipulation, but to the fact that there is nothing present which in the ordinary case is reducible. In spite of the apparent intractability of the cases at first they invariably recover completely if properly treated and do not recur. The important point to note in their progress is this: The recovery of complete extension is gradual, never sudden, as is the case when a foreign body has been withdrawn from between the bones. In these cases the symptoms arise, I believe, from the swelling due to bruising and laceration about the peripheral margin of the semilunars and their attachments without displacement, the gradual recovery of free movement being due to the slow absorption of the effused products. The gradual way in which the normal state is regained is in itself enough to negative the existence of anything like a foreign body in the ordinary sense of the term, between the bones, and the nature of the treatment is brought about, added to the absence of any tendency to recurrence in properly managed cases is strongly corroborative of this contention. Additional evidence of very positive sort is afforded by two of the cases treated by operation in the series now under consideration; these two cases were for practical purposes alike; it is therefore sufficient for my present object to give the details of only one of them.

A soldier, about 32 years old, after a wrench of the left knee, suffered from the usual train of symptoms associated with "slipped cartilage"—i. e., sudden pain and inability to straighten the limb completely at the knee. Attempts were made by an onlooker to put the knee in, but without success. The patient, however, continued to get about with a partially stiff limb, and shortly afterwards, no proper treatment having been adopted, he was ordered

on active service. With the knee in the condition indicated, he with difficulty got through a campaign of some months' duration; from time to time after some strain or injury an acute sudden attack of pain, followed by effusion into the joint, occurred. I saw the patient about six months after the original injury; during the whole of this time the leg had never been completely extended upon the thigh. There was slight effusion into the knee with some increase of local heat; the knee was slightly flexed and could not be extended either by the patient or by passive movement. Over the middle of the internal semilunar cartilage was a spot of acute tenderness; a little fullness was also distinctly felt. From this tender spot the acute pain which followed upon any strain or other injury always started. After the treatment, which I shall presently describe, the knee had nearly regained by degrees its natural state, when unfortunately another strain reproduced the old condition. Subsequent attacks of the same kind followed, and it was evident that unless the abnormal state could be cured by operation, service in the army must be abandoned. I, therefore, operated with the usual precautions. The parts about the base of the semilunar cartilage inside the capsule of the joint over the tender area were swollen and infiltrated with blood (some of long standing) and exudation products. The cartilage itself was not detached and clearly could never have been displaced. Before removing the affected parts an attempt was made to straighten the limb, the capsule of course being freely open, without success. After the removal of the swollen tissues, including the portion of cartilage involved, the limb immediately fell into a perfectly straight position. A portion of the swollen mass which could be seen lying between the bones at the posterior part consisted of partly organized old blood clot. The cartilage itself was hardly recognizable at first in the center of the mass removed, as it had entirely lost its ordinary aspect and resembled more than anything else, both in appearance and to the touch, a piece of sodden felt; in front and behind this the cartilage differed but little from its usual anatomical characteristics. Creeping over the articular cartilage of the internal condyle for a distance of at least half an inch was a delicate layer of pink granulation tissue, beneath which the car-

tilage was eaten away. From the general aspect of the case it was evident that the condition, if left to itself, must have developed sooner or later into pulpy disease of the knee joint. The altered cartilage having been removed and the bones cleared of old blood clot and exudation tissue the wound was closed in the usual way. The progress of the case was naturally tedious and altogether caused me more anxiety than any other case of the same kind with which I have had up to the present time had to deal; the final result was good and the patient rejoined his regiment in about four months.

In the other case, less advanced than the one just detailed, the condition of the parts and the appearance of the cartilage were practically the same.

In two cases in which a displaced semilunar cartilage had been long neglected the structure presented the same sodden, felt-like appearance. This felt-like condition seen in some of these cases is of considerable interest, as it shows without doubt, I suppose, that the cartilage must either have been completely crushed at the time of the injury, had become changed in consequence of subsequent inflammatory processes, or had become altered in consequence of constant grinding pressure to which it had been subjected. Of this peculiar change in the semilunar cartilage I find no mention in the authorities I have been able to consult, but I am informed by an eminent surgeon that he has met with cases of the kind. The recognition of this bruising and laceration about the semilunar cartilage without displacement as a cause of the symptoms commonly associated with "slipped cartilage" is of considerable moment in the treatment of such cases, as will presently be seen.

My personal injury case was of this class and you can appreciate how pleased I was to get the opinion of one who had treated so many cases and had verified his diagnosis in some of them by opening the joint.

In November, 1899, W. F. M., aged 25, was walking on a path at the side of the railroad which passed through the town, and while doing so an express train going about 40 miles an hour passed him. As one of the express cars was near him an express messenger

threw out a tightly bound bundle of papers weighing 10 or 12 pounds. The bundle struck him on the inside of the right knee with such force that it knocked him off the path and down an embankment. The pain was very severe for a short time and he immediately consulted a physician. The physician could find no evidence of injury other than that of contusion. The accident occurred in the afternoon and the young man drove to his home in the country that evening. The following day he was lame, but not suffering severe pain. After a few days, on the advice of the physician, he resumed the use of the leg; but it took only a few days of use to set up a great amount of irritation, and he was obliged to use crutches to get about. After the swelling that immediately followed the injury subsided, there was at no time any evidence of any great amount of effusion into the joint. I made my first examination of the joint the last of December, 1899. The patient kept the leg flexed at an angle of 10 or 12 degrees, as this position was the only one that was not attended with great pain. If we attempted complete extension or flexion the pain was unbearable, and was located in the internal half of the joint. On palpation we could find nothing wrong with the external part of the joint, but about the periphery of the internal semilunar cartilage there was slight fullness and thickening and great sensitiveness on pressure. No amount of manipulation enabled us to do complete flexion or extension without great pain, as stated above.

Our diagnosis was contusion of the internal semilunar cartilage and the periarticular ligaments, induced by the force of the blow received from the heavy package. The direct external force in such a case would be very great and the compression of the intraarticular tissue on the internal side of the joint between the ends of the bones under such circumstances would certainly be severe. We commenced our treatment of the case by the use of superheated air of very high degree for one hour each day and then applied antiphlogistine for the balance of the day. We kept up this treatment for some time and relieved the very acute pain and then put the limb into a plaster cast, placing the limb in the position that was most comfortable when out of the cast, which was flexion at an angle of 10 or 12 degrees. We kept the cast on

for six or eight weeks and then had a steel brace made in order to have fixation apparatus that could be removed every day, so that we could treat the limb. From this time on we used the superheated air, massage and static electricity and kept up fixation for months.

Through the use of the superheated air we got relief from pain and soreness in the joint. Through the use of massage we got an improved nutrition of all the muscular tissues and prevented the great amount of muscular atrophy that would have occurred from the long fixation had we not used it. Our greatest help in stimulating nutrition and getting relief from the deep-seated soreness in the joint came from the use of the thick static spark obtained from a large Holtz machine.

It required nearly two years of treatment to get the joint in such condition that the patient could do without crutch or cane. This case is one that should have had fixation and rest immediately after the injury, and had it been treated in this way, a great amount of time and suffering could have been saved. It is another illustration of the proneness of our profession to make mistakes in the care of cases of traumatism about joints. It is far better to let a joint suffering from traumatism rest a little longer than is really required than it is to have it put into use too soon and perhaps do it irreparable injury.

Dr. Sawyer: It seems to me that so important a paper ought not to go without some word of comment and praise. Dr. Maxwell's treatment is certainly very commendable. Diseases of the joints are among the worst things we have to deal with, either as physicians or as surgeons. I believe in the early immobilization of these affected parts. Many a case has been let go on until it became absolutely irreparable. If we learn nothing else from this paper than this—place these cases into a state of quietude and immobilization—we shall certainly have learned a lesson worth our coming here.

BUREAU OF SANITARY SCIENCE.

C. O. MUNNS, M. D., - - - - - Oxford.

"Should Physicians be Trained in Scientific Cooking?"

**SHOULD PHYSICIANS BE TRAINED IN SCIENTIFIC
COOKING?**

By C. O. MUNNS, M. D., Oxford.

The purport of this paper is not to make trained scientific cooks of physicians. But, knowing the great lack of proper education along these lines in the many homes where we enter, I believe it highly desirable that physicians should have a fair knowledge of the principles of scientific cooking in order that they can intelligently instruct those who prepare the food for the sick. Every physician should consider it his duty to know that the laws of nature are being complied with in preparing the food for the patient. Properly selected and prepared food is more necessary than medicine for the invalid.

In learning the principles of scientific cooking five things are to be remembered: (1) cells; (2) germs; (3) albumen; (4) fibrin; (5) the removal of as much as possible of the purin bodies from the food. The chief purpose of cooking is to develop and open the closed cells of the food furnished by nature, to destroy disease germs and parasite ova that may be in or on the food, to preserve the albumen, to disintegrate the fibrin, and to eliminate the purin bodies.

Food containing closed cells, as found in under-ripe fruits, vegetables and cereals, when properly cooked have the cells opened by the cooking process (which condition is easily ascertained by the use of the microscope), thus rendering all parts easy of access to the digestive fluids. I believe that cereals eaten in the raw state when thoroughly masticated are more wholesome than when imperfectly cooked and eaten in soft condition. I believe that I am

safe in making the assertion that a very large per cent of patients suffering from indigestion have the origin of their trouble in eating under-cooked starchy food.

Albumen is the great body builder of all food. It is obtained from milk, eggs and meat, also from grains, if the bread and other forms of food prepared from them are well dissolved in the mouth by chewing. Albumen is soluble in cold or warm water, and insoluble in boiling water. Meat soaked in cold or warm water loses a very large proportion of its rich albumen, nourishing and stimulating salts, and all of its flavor. To retain these properties within the meats, they must be exposed to a high degree of heat in the beginning of the cooking process to seal the surface of the meat by coagulating the surface albumen, then more gently cooked until done.

Fibrin is derived solely from meat, and almost the only use made of it is to make muscle. Vegetables have a kind of fibrin called gluten. The muscular laborer is the only one who can make good use of much fibrin. Meat fibrin is not only useless but a positive irritant to those who do not, or can not, take much exercise. In these cases meats act as an irritating purin body. Our ordinary cooks have the faculty of wasting the albumen and saving the fibrin.

Care should be taken to remove as much as possible of the purin elements from our food so as to save the extra work put upon the metabolic and eliminating organs, and thus economize the cell energy required in their excretion. The amount of purin bodies found in vegetables is much smaller than that found in animal tissue, and may practically be overlooked when care is taken to remove the skins of such seeds as beans and peas, and the cellulose coverings of nuts and cereals.

Uric acid and the xanthin bodies are produced by the breaking up of the nucleins of the body and those of the food; and their formation is increased by food containing purin bodies in the shape of nucleins or derivatives of nucleins. The excretion of food nucleins is very slow, hence the very great importance of selecting and preparing food so as to contain very little purin bodies in cases in which the metabolic processes are slowed. In migraine, rheumatism, gout, and other diseases in which there is a disturbance of

metabolism, food purins may by their retention in the system lead to the development of symptoms characteristic of the disease. I feel secure in making the statement that in all cases showing disturbance of metabolism the proper selection and preparation of food with reference to the amount of food purins present in the articles selected, and the degree of metabolic activity present in the individual case is of greater importance than drug selection.

Proper preparation and cooking preserves all the nutrition in the food, retains the osmazone or flavor which is necessary to good digestion, and renders the food both palatable and nutritious, and the residue easy of elimination.

BUREAU OF DERMATOLOGY.

A. C. RUHL, M. D., Chairman, - - - - - Leipzig.

"A Peculiar Case of Skin Disease."

G. W. SPENCER, M. D., - - - - - Cleveland.

"Ignatia in Skin Diseases."

IGNATIA IN SKIN DISEASES.

By G. W. SPENCER, M. D., Cleveland.

After a careful study and close observation, for more than four years, of the effects of ignatia in skin affections, I have placed it among the most valued remedies at my command.

My attention was first attracted to the drug as a cutaneous remedy by using it, as commonly used, in functional neuroses, namely, nervous dyspepsia with the accompanying mental symptoms, hysteria, symptoms following shock from grief or accident, also conditions following the intemperate use of intoxicants—i. e., insomnia, twitching of the muscles, inco-ordinate mental operations after the immediate effect of alcohol is passed. Also the increased irritability of nervous tissue, besides cases in which there is an increased impressionability of the central portion of the nervous system from whatever cause, and the consequent disturbance of organic functions.

The skin being the principal efferent organ, and consequently receiving, in a large measure, efferent impressions, its functions must necessarily be modified and finally the organ become diseased, if these impressions are reflexed from diseased conditions for any length of time.

The physiological action of the drug shows that it is eminently a spinal remedy, multiplying impressionability to such an extent that the animal poisoned with it is thrown into the most violent twitchings from the least disturbance of the surrounding media, or from a slight blow, which differs somewhat from the effects

of the sister remedy, *nux vomica*. Thus the pathogenesis of *ignatia* points directly to its effect upon the skin, and the power it must exert in modifying the functions and correcting diseased conditions when coming within its field of action.

Whatever may be the cause of the disease, either specific or from any dyscrasia within the catalogue of etiology, *ignatia* will be found useful as an adjuvant to the indicated remedy, removing especially, increased irritability of the nervous system, thus allaying symptoms that disturb the patient's rest, unbalances his mind and places him at variance with his environments. This particular office of *ignatia* is illustrated in specific skin diseases, in which the sensitive patient is most miserable on account of the unsightly appearance and the usual disgrace attached to this disease, although the same sensitiveness is apparent in patients suffering from any disease that deforms them or draws the attention of people to their affliction.

The following cases from my clinic and private practice well illustrate the action of this hitherto unused skin remedy:

Case 1.—M. M., age 21. Bohemian. Large bones and strong muscular development and apparently in good health. He came to my clinic because of a troublesome acne of the face and neck especially. As he came into the room I noticed that he hung his head and carried a frown upon his brow, and when asked to remove his coat he did so with a jerk; and when asked questions he answered laconically, and appeared disturbed by the surroundings. History did not reveal that he had ever been sick; but that he had been a victim of masturbation, but within the last two years only occasionally had he practised it. Complexion muddy, tongue coated and large, bowels normal, so far as could be determined. The acne was of the papular variety.

Prescribed *ignatia* 2x five drops every three hours, and requested him to return in one week. He returned at the appointed time and appeared before the class with head erect, a smooth brow and a smile upon his lips, looked me squarely in the face and said, "I am much better." The acne had improved and the itching, which was a prominent symptom, was much relieved. Continued the remedy for two weeks longer, only giving it twice daily, when he

went to bed and before breakfast, and at the end of that time he was discharged cured.

Case II.—Mrs. G—. Married. Age 48. Comfortable surroundings, had a papular eruption, the back of the hands particularly, although spots would often appear upon the legs. The most annoying symptom was the itching. She was obliged to bandage her hands, she said, to keep the air from the skin, and keep herself from scratching. She had been treated for two years by several specialists and had used every known local application without relief, and finally she was advised a change of climate, which she could not do.

When I called to see her I found the following conditions and symptoms: The patient sat in a rocking chair at a large window, rocking, and was a most miserable woman, you can imagine. Her hands were bandaged, her face clouded with scowls and her tongue wagging at a furious rate. She knew she would go crazy, suicide had been entertained at times. She could not sleep, not only because of the itching, but every little noise or stir in the house aroused her. All of which caused increased irritability of the nervous system. She was also afflicted with bleeding hemorrhoids, and from her description one would think barrels of blood were lost every day. I informed her I could not improve upon the local treatment, for I had the highest regard for the ability of the specialist who had been treating her, and the only hope I could give her was that, if I could select an internal remedy suited to her case I might do more than the other specialists. I gave her *ignatia* 3x five drops in a little water every three hours, and told her to continue the lotion she had been using. At the end of ten days she was very much relieved, had removed the bandages, was sleeping better and her husband said better natured than for a long time.

From that time until entirely cured, she took the same remedy only twice daily, at night and in the morning. The tendency of this affection is to recur and this case did not prove an exception. At its first re-appearance the same remedy was given with good result. The subsequent re-urrences were of shorter duration, until for six months past there has been no return.

Case III.—M. D., 52 years old. Lawyer. History of intemperance, having at one time been a confirmed drunkard, but for the last ten years has been sober, although his life has been strenuous until within the last five years. He was troubled with pruritis for some four years and especially for the twelve months prior to his coming to see me. The itching was so violent that it became very painful, which prevented him from sleeping, and when exhausted to the extent that sleep came in spite of the pain, he scratched the skin off his legs and head and other portions of the body which he could reach. Every lotion known to medical science had been repeatedly used; but only temporary relief could be obtained, although, not infrequently, the disease had periods of quiescence only to return with renewed energy. The success of treatment in this disease depends very largely upon the determination of the cause, and the range of causes being so wide, the prescriber is put on his mettle, perhaps more than in any other skin affection. The common definition is so sweeping that little idea can be conveyed. "A functional defect of innervation in which itching is the only symptom," describes the disease, but imparts but little idea of the etiology.

As in the case above cited, the itching being general over the body pointed to a general degenerate process. Also, in the absence of other symptoms and conditions such as jaundice, disorders of the alimentary canal, such as dyspepsia, with or without constipation, "the gouty state," kidney disease, such as albuminuria, chronic Bright's disease, diabetes mellitus, hepatic derangements, whether functional or organic, and no parasites being in evidence, and the patient's condition in life being such as to rule out mental depression, we are left with only two alternatives—either due to degeneration, as in senile pruritis, or to an increased irritability of the sensory nerves. In this case the probabilities are—both conditions might exist in a measure. Upon the above conclusion I prescribed *ignatia* as the remedy the best indicated for two reasons: First, if only a functional irritability, the remedy would surely relieve, if not cure. Second, if due to a degenerative process and consequently increased sensory disturbance, the remedy would be more effective than any other remedy for immediate relief; until other

constitutional treatment could be established, and as before stated, its power as an adjuvant cannot be too highly esteemed.

The patient has now been under treatment for six months without a change of remedy, and has improved very perceptibly in a general way, and the pruritis has longer periods of quiescence. This case illustrates the limit of the remedy, and further points out the specific use in skin affections.

A PECULIAR CASE OF SKIN DISEASE.

By A. C. RUHL, M. D., Leipsic.

I wish to call your attention to what seemed to me to be a peculiar case of skin disease, happening in my own practice.

Mr. R., aged 34, clerk by occupation, presented himself at my office on the 16th of February, 1901, and gave the following history: The patient complained of what he called wealts, covering the upper portion of the body, mostly upon the anterior and posterior thoracic wall. By examination of the body I found the chest walls fairly well covered with small wealts, ranging from one-eighth to one-fourth of an inch in width and from one-fourth to three-fourths of an inch in length. These ridges having the appearance of the body having been struck a smart blow with a fine whip, from which a light watery fluid seemed to ooze. The color of the fluid seemed to remain unchanged for about 24 hours, then becoming more serum like in nature. In a few hours after the serum oozing would begin the rugae would burst open along the whole crest and the serum would increase in amount. This condition gradually increased until the 26th day of February the whole trunk was covered from the hips to the base of the neck and down the arms to the elbows.

There seemed to be no inflammatory action of the skin in the intervening patches between the rugae; there was very little pain or inconvenience, except the stinging sensation when the opening of the rugae would take place. The only other annoying condition experienced by the patient would be when the body became warm from the heat of the stove, or when covered up in bed, then the burn-

ing and itching became almost unbearable. There were no constitutional disturbances except a diminution in the quantity of urine, but the specific gravity was normal 1022. There was neither albumen nor sugar present, the activity of the bowels remained normal; with a perfect appetite, neither did there appear to be any inherited dyscrasia, the family history being good. There did appear to be some occipital headache, which lasted about four days.

The healing process, by scabbing, began on about the 6th day of March, 1901, and by the 15th of March recovery seemed to be complete, desquamation having taken place over the whole surface affected, leaving the skin smooth, soft and pliable, no scar being left, except in the axilla where there seemed to be some deep ulceration and pus formation. There did not appear to be any contamination from external influences, such as any poison or rhus poisoning, for there was no rash except on the protected parts of the body; neither did it seem possible for the affection to come from the clothing for the underclothing had been worn the whole winter prior to this time.

The treatment in this case consisted of both an external and internal treatment. An external cleansing of the surface, once daily with a warm bichlorid soap bath, with a camels hair brush, for the purpose of removing the dried excretions which would in twenty-four hours form almost a complete covering over the body, but with very little odor.

The internal treatment for the first three days consisted in doses of the 6x apis mel.: finding no apparent improvement this was followed with the third decimal dilution of rhus toxicodendron, with a dose of the 6x of sulphur every evening for four successive evenings, after which the sulphur was dropped and the rhus toxicodendron was continued until the patient was discharged on the 15th of March.

Dr. Clarke: I would suggest for the condition of that kind, characterized by the action of the remedy, a remedy of our Homeopathic Materia Medica, namely, anacardium orientale. If you have ever had occasion to handle that in the tincture you will remember that you have to be very careful lest you get it on your fingers and so transmit it to other parts of the body. It will bring

out exactly the condition that the essayist has described. Dr. Fisher, of Chicago, has described a case of this kind in his own person (*Medical Century*, April, 1899) and unwittingly overlooked the cause, thinking it *rhhus tox*. Dr. H. C. Allen, of Chicago, was called in consultation and was able to do something for the case, but the fact is that the effect of the irritant, the *anacardium*, wore off. I find this out constantly in my own cases, and I have heard the same opinion from other physicians who became inoculated in handling the drug. The peculiarity is that this discharge is contagious and will inoculate any one using the same towel with the patient. Consequently, I argue from that that *anacardium* would have been the most appropriate to this case, and peculiarly homeopathic.

BUREAU OF NEUROLOGY.

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WHAT HAPPENED TO ME IN TEN DAYS.

By F. W. MORLEY, M. D., Sandusky.

Monday morning Mrs. B., aged 62; never sick; hard worker, called me in as I was passing. After eating a full breakfast she went about her washing. Soon a pain took her in the stomach, left shoulder and arm. She said she thought it was something she had eaten. I told her I thought it was rheumatic, notwithstanding the plain evidence of pain after eating and after exertion, with full, hard, slow, irregular pulse. She died at 6 p. m. of true angina pectoris.

Tuesday morning at 4 was summoned to go eight miles to attend a primipara, who had insisted that I wait upon her because she had never known any other doctor. Although she was small of stature, short and fat, she had a roomy pelvis with complete dilatability of soft parts. Head leading with vertex at right acetabulum. Four hours of very good work on the part of the patient failed to rotate the head and forceps were applied. Male blade over the vertex, female blade point reached left orbit. Very slight traction, rotated head to proper position and descent was so rapid that I removed forceps. Just as the male blade, now under the pubic arch, was extracted a pain came on and out shot a loop

of umbilical cord four inches long. Delivery was completed in five minutes. The baby boy was dead.

Returning on the electric line Mr. John G. boarded the car at his country home, five miles from Sandusky. He was going to consult me about his only child, a delicate boy of five years, who had been constantly under my care since his birth. The father said they had taken dinner and spent the evening at a near neighbor's home, where the boy played hard and never felt better. He didn't eat much, yet after he was put to bed vomited. The following morning he had refused all food and devoted himself to large draughts of cold water, which he promptly vomited. Didn't look or act much sick. Father rather wanted me to see the child, but I felt it was not necessary and sent nux. Next day I saw the father first at my afternoon hour. He said the boy was just the same, not much sick, but vomited everything he took. He said: "What is it?" I said: "Possibly scarlet fever." I sent gelsemium, promising to see him that evening. Within 15 minutes after the father had left the office I was informed by telephone that the boy was dying. I was with him in forty-five minutes. He was in deep convulsions. Fauces black, vomit black. Scarlet rash covered trunk. He died at 6.

At 8 p. m., and in a heavy snow storm, I drove five miles to see Miss B., aged 53, fat and finicky. She had eaten liberally of half-cooked cabbage the evening before and had suffered great distress in right ileo-caecal region ever since. Had vomited all night and all day. This region was tender and the parietes were board like. No fever, pulse slow, very weak. She was extremely pale. I gave M. S. and effervescing citrate of magnesia on the presumption of obstruction. At 5 next morning, Thursday, a little woman with a squeaky voice delivered herself of the following telephone message: "Doctor, Miss B. says that if you can do her any good you can come out; but if you can't you needn't come." I said: "Please give Miss B. my respects and ask her to get another doctor." An hour later this same little woman with a squeaky voice, telephoned me that Miss B. wanted me to come quick, and I did. She was pulseless, eyes glassy, sweating terribly, no pain, no vomiting, badly bloated. She was dying. Once

in my life I got down to business and found a very small right femoral hernia buried under great folds of adipose. A snow ball applied with gentle taxis reduced it in thirty minutes, and immediately this modest maiden "fouled her own nest." She was desperately sick for a few days, but recovered.

While at luncheon the same day I was summoned in great haste to see an old and faithful nurse who had been in attendance at a labor which terminated early in the morning. She had been in prime condition until the last pain the patient had, when she was seized with violent distress in stomach and cramps in the bladder. The attending physician drew her water and gave her medicine for her kidneys. She remained on duty in great agony until I saw her, pulseless, blanched, cold. I took her home and found a very small left femoral hernia, the reduction of which was followed by prompt relief.

That evening Dr. B. called at my office to arrange with me to curette a uterus 69 years old, for suspected cancer. At 9 o'clock next morning I found everything in readiness. Patient was soon asleep. Cervix dilated readily, curette passed easily through cervical canal and also through fundus uteri. Quite a strong hemorrhage followed, requiring the immediate removal of the uterus, which was completed in twelve minutes. A left ovarian cyst, six inches in diameter rolled down and was enucleated; then another cyst, four inches in diameter, appeared at the opening and was enucleated. The tissues of the right side were closed as usual. The left, or site of the attachment of the cyst was lightly packed. Patient was catheterized for four days every six hours. The morning of the fifth day the nurse got no urine and the bed was wet. The bladder case had given way. Patient was allowed to sit up for drainage. Fistula closed itself in three weeks. The foregoing is a slightly exaggerated picture of what is happening to every doctor everywhere all the time. More than half of our time is taken up in making wholly avoidable mistakes. Why? Because we do not think. A pupil don't dare think in a graded school. In the Medical College, twenty years ago, the faculty didn't teach us to think. They were busy fighting and I never taught myself to think. The power of giving attention to what our eyes see, or ears

hear, our senses perceive, is the greatest power of the human mind, and he who possesses that power will surely outstrip any man who has it not. We are teaching our medical students everything else, but we don't teach them to think. Higher education is a great big fake as results sadly show, because we require a degree to enter our representative medical schools, and that degree usually stands for brute development and cigarette smoking.

I wish that we might have a chair in our college that would teach thinking.

THE NEW PSYCHOLOGY.

By J. D. BUCK, M. D., Cincinnati.

Psychology means a knowledge of the soul. As related to thought, the soul is the thinker: as related to feeling, the feeler. That in us which thinks, feels, wills, desires, and acts, is the real self, the soul. We have direct knowledge of the soul through persistent conscious self-identity. This self-identity colors all our thoughts and acts: hence the term ego is a synonym of the soul.

It is true that the thinker is involved with his thought; the actor with his act; and the habit of many writers has been to lose sight of the thinker entirely by confusing him with the thought.

Then, as the brain is the organ through which thought is manifested on the physical plane, it has been seemingly imagined that the brain does the thinking. So thought has been imagined to be the function of the physical brain, and I have heard it stated that the "brain secretes thought, just as the liver secretes bile." But thought is in no such sense a secretion, and in all such crass statements the thinker is left out of account entirely.

Most of the latter-day metaphysical teaching and christian science doctrines make the ego nothing but the intellectual process, and utterly confound the thinker with the thought. Their favorite expression is, "Man is all mind," which is not only not true, but utter nonsense.

Medical writers have generally held all intellectual activities, and all conditions and acts of the ego, to be simple functions of

the nervous mechanism. Hence psychology was held to be the physiology of the brain and nervous mechanism. Only recently have we had any medical work in English wherein a distinction is made between mental and nervous diseases, that was at all in keeping with any rational psychology. Real psychical phenomena have thus been warped entirely out of place to fit this materialistic mental physiology. In other words, we have really had no psychology at all in the sense of a knowledge of the soul.

At the present time, the new psychology is rather forehad-owed than formulated.

Prof. Ladd of Yale University defines scientific psychology to be, "The Study of the Content of Consciousness." He states the conditions, the changes in, and the facts of consciousness. Little account is taken of the thinker without which thought is inconceivable. So also with consciousness. It is unthinkable without some *one*, viz., the ego to be conscious.

I hold that the facts of consciousness and all conditions or changes therein, always occur in direct relation to the thinker or ego, and that when we study them we should never lose sight of this fact. In other words, we shall make little progress in the knowledge of the soul if we divorce the actor from his acts, or the thinker from his thought. They are always related as cause and effect.

As the result of certain experiments, notably with Mrs. Piper, the psychic, and many others, new terms have been introduced into modern literature on psychology. The expressions "Subliminal Consciousness," and "Subconscious Self," are among these terms.

Prof. William James, of Harvard, says, in his recent Gifford Lectures, "The *subconscious self* is nowadays a well-accredited psychological entity." This, he says, is "on the other side, the subconscious extension of our conscious life."

Again he says, "In persons deep in the religious life, the door into this region seems usually wide open; at any rate, experiences influence in shaping religious history."

The time accorded me will allow of no further illustration, or quotation.

Here lies our theorem for the New Psychology, viz., in the expansion of the boundary of consciousness and in the recognition of other than the ordinary states or planes, in which experiences of individuals are as valid, as are those within the ordinary planes, to ordinary individuals.

Coming back now to the ordinary individual, and the experience of the conscious self, and starting with "the ego and its states of consciousness" as empirical facts in the life of everyone, in the new nomenclature we have "the conscious self" and the "subconscious self."

The first pertains to the ordinary experiences of life; the inner world of ideas, and the outer world of things. But with the subconscious self, these boundaries are often altogether transcended. Our old horizons disappear: space and time elude us: Previous experiences on the outer plane, seem to have no coordinate relation to these new experiences. It concerns us not at all, in this discussion, to inquire what there is therein or thereby revealed, as we are studying facts and conditions of consciousness, and in this larger view, our knowledge of the ego and its states of consciousness are immeasurably expanded.

We arise from such study with our knowledge of the human soul enlarged, and far more definite.

The mask of the real man that we call "the personal equation" falls off. The limits of the physical body are transcended, and there are revealed as existing in the nature of man, powers and attributes that are coordinate with the inner or spiritual world. All our experiences on the outer plane, with the conscious self, are related to mass and motion, space and time. We become conscious of the diversity of nature through the agency of the senses, and are subject to error and illusion. We have to adjust all that we see, hear, taste, touch or feel, to past experience through reason and judgment, modified by desire and self-interest. We thus arrive at "opinion" or "belief"; but, at best, only partial knowledge.

With the experience of the "subconscious self" all this is changed. Here, *direct perception* is the rule. Leibnitz called it "apperception," like all the senses acting as one, and instantly, and there is neither doubt nor uncertainty in the soul so perceiving.

Real knowledge flows into the soul, and it never occurs to one having such experience, to doubt it. Neither can these find language adequate to express this new experience.

Here is not an expansion of ordinary intelligence, but the realm of intuition and the abode of truth, and, as already said, it changes entirely our concept of the ego and its states of consciousness. In other words, it expands and illumines our knowledge of the human soul.

A few words now in regard to the term, "Subconscious self."

Every careful student of physiology is aware that all the organic functions are subconscious and largely automatic. Digestion, circulation, respiration, assimilation, etc., are automatic; they go on while we sleep, or are otherwise occupied. Furthermore, there is an organic consciousness and intelligence underlying all these processes, otherwise we could never explain their continuance and coordinate harmony resulting in what we call health.

Here, indeed, is the subconscious self.

But the mental and physical phenomena to which I have referred transcended all these, and transcended also the ordinary realm of thought or conscious mental experience. They are, therefore, not sub-conscious, but supra-conscious. It is as logical and as rational to recognize experiences above the ordinary plane, as below it.

The real question is, which term fits the case and really contains the facts.

We have then arrived at the recognition of three planes of consciousness: that of the conscious self; that of the subconscious self, and that of the supra-conscious self. Yet the self, is *one*, and in none of these varied experiences does man lose his conscious self-identity. He realizes the validity of each and all of these experiences.

Starting thus with the empirical fact of the ego and its states or planes of consciousness, and recognizing as equally valid the conscious, the sub-conscious, and the supra-conscious self, or plane, and we have for the first time in the history of modern civilization a broad philosophical basis, and an exact scientific method for the study of psychology:—psychology as a real knowledge of the human

soul, and not merely the physiology of the nervous system, or the kinetics of the physical brain.

The average physician today knows almost nothing of mental diseases, simply because he is wholly ignorant of psychology.

Mental diseases are a standing reproach to the medical profession.

What would we say of the doctor who undertook to treat physical disorders totally ignorant of every principle of physiology? The case is not better, but worse, when we come to mental diseases, for the whole subject is more subtle, complicated, and difficult.

Moreover, general hygiene, and preventive measures regarding physical diseases have made great progress in recent years. But, we have done absolutely nothing in this direction regarding mental disease. Hundreds of volumes have been written to tell people "how not to be sick," but not one "how not to be insane." On the contrary, while the seeds of humanity are often sown in childhood, we promote its consummation ten thousand times where once we judiciously prevent it. These facts ought to gag every one calling himself a physician, who would taboo such discussions as being transcendental or impractical. The general ignorance at this point is the darkest blotch on the medical profession today.

A vigorous pursuit of the New Psychology will, I think, alone remove this reproach.

Dr. Reddish.—I want to emphasize the statement made about Prof. James and his works. If any physician has the time and wants to read a real scientific man's writings on the subject of psychology, he should read James, Professor of Psychology at Harvard. The Gifford lectures, published in one volume, is his most recently published work, and in it he studies and discusses religious phenomena from a scientific standpoint.

Dr. Buck. These Gifford endowments belong to the Edinburg University and once every year or two a man is selected from some university in the world who delivers a series of lectures on natural religion. Get also Prof. Ladd's great work on psychology, and in these two books, James' and Ladd's, you will be posted up to date

and know what is going on in actual psychology as a science and as a philosophy.

GALVANISM AS AN ADJUVANT IN THE TREATMENT OF NERVOUS DISEASES.

By SARA E. FLETCHER, M. D., Columbus.

In the ardor and enthusiasm with which we have taken up the more recent discoveries in electro-therapy, we are in danger of forgetting an old and tried friend. The Roentgen Ray, the Finsen Ray and the various other modifications of electrical energy, furnished by the static machine and the induction coil, have fascinations which are hard to resist. They have given us much. They promise more.

The electro-therapeutist, whose work lies largely along the line of nervous diseases, realizes perhaps, more clearly than others, that galvanism has also a wide range of usefulness. Many a nervous woman, who would shrink from the noise and spark of the static machine, would cheerfully submit to galvanism. It has not the terrifying aspect of static electricity. The patient lies down on the couch with mind and body free from tension, conscious of the rest and comfort which the treatment brings to her overtaxed nerves. This, in itself, is a point gained.

The methods of administration have kept pace with the march of progress in other directions. The improved switchboards are so finely adjusted that the current may be measured with great exactness. There need be no shock to startle the patient, and make her dread a repetition of the same. The introduction of the rheotome permits the current to be interrupted when desired.

In addition to the great variety of electrodes offered by the manufacturer, the experienced operator makes his own from copper wire, block tin, aluminum or German silver, if he or she be extravagantly inclined. Block tin makes a very practical electrode. Its flexibility allows it to be bent to fit any part of the body. These metal electrodes are covered with cotton and cheesecloth, which can be renewed each time, or with quilted pads made of the cotton

and cheesecloth. These coverings should be well moistened with warm water before using and cleansed by boiling afterwards. When the size and shapes of the electrodes will permit, a small towel may be used as a covering.

As this treatment necessitates a partial removal of the clothing, it should be given under cover. The patient lies on a couch covered with a blanket or sheet.

The operator should be perfectly familiar with the physical and therapeutical properties of the two poles. He should have well defined ideas as to the number of milliamperes that should be used and the length of time the application should be made.

General and central galvanization are methods most employed. These may be modified to suit existing conditions. In the former a large dispersing electrode is placed over the epigastrium and the active pole is applied to the forehead, down the spine and the extremities. This may be varied by placing the feet on a foot plate and using the other pole labile, or with the feet on the plate the patient holds an electrode in each hand. These hand electrodes are attached to a bifurcated cord.

Central galvanization is the name adopted by Beard and Rockwell for the method devised by them. The negative pole is placed over the epigastrium, the positive pole applied to the forehead, the top of the head and along the inner border of the sternocleido mastoid muscle to the sternum, then down the length of the spine. The object is to influence the brain, the spinal and sympathetic nerves.

The slightest faintness or dizziness on the part of the patient should be a warning to desist, for the time at least. Equal care must be observed in galvanization of the sympathetic, on account of its inhibitory action on the heart.

In acute inflammatory diseases of the nerves the best results are obtained after the active symptoms have subsided. The aggravation which results from the application is no doubt due to the stimulating effect of the current upon the already engorged blood vessels as well as to the necessarily increased movement on the part of the patient.

Spinal irritation, sciatica, neuritis, neuralgia and those obstinate backaches of women can all be greatly ameliorated. As a tonic treatment for a weak and nervous condition, it is invaluable. The physician who has used it, in the class of cases mentioned, wonders how he ever got along without it.

In treating neuralgia, it is well to remember that pain which is more worse by pressure is benefited by galvanism, rather than faradism. Place the positive pole on the seat of pain and the negative labile along the nerve.

The immediate effects of a treatment are manifested by a relaxation of nervous tension and a gentle perspiration. As a rule the pain is greatly lessened, if not entirely relieved. Through its influence on the vaso-motor system, the circulation and elimination are increased. In an auto-infected neurasthenic, the sluggishness of these functions is almost proverbial.

Certain chemical effects are observed at the two poles where they come in contact with the tissues. This is particularly noticeable when they are applied to mucous surfaces. We utilize this property for the transmission of medicaments to various parts which is termed cataphoresis.

Primarily the action of galvanism, like that of other forms of electricity, is upon the molecular activities of the body. As we learn more of the ultimate structure of the body and of the polarization of its molecules, we shall know more of the dynamic power of the agent which we now employ so crudely. This mysterious force, which is latent in all matter, exists in the human organism, and is therein subject to the same laws which govern its action throughout nature.

A plausible theory is, that the normal nerves are in a state of continuous vibration, due to the electrical currents which traverse the system in every direction; that the different nerves respond to different vibrations.

We know that the nerves of the eye respond to rapid vibrations and we see; that the nerves of the ear respond to less rapid vibrations and we hear. Any disturbance in molecular polarization is followed by a disturbance in molecular vibration. The effect is manifested in a varying degree. Perhaps it is only to the extent

of our being "out of tune," as we call it. It may lead to actual functional and organic changes.

Any means which will restore molecular equilibrium, thus permitting the vital force uninterrupted action, tends towards health; equilibrium of mind and body brings health.

The future will bring us a clearer knowledge of the physical and psychical laws which promote and maintain a healthful balance. We shall know better how to attune ourselves to the harmonies of life and thus avoid discords.

Dr. Sawyer. This is too good a paper to allow to pass without some remarks. I arise to the privilege of commending the author on the excellent manner in which she has presented this subject. I am satisfied in my own mind that the reasons advanced and the experiences that have been had recently with the static current has caused us to lose sight of the other electrical means which have been of value to us. It seems to me that the keynote of this paper, and one which I would like to emphasize, is the fact that electricity as applied to the body should be applied with the understanding of the part to which electricity is to be applied. It is absolutely useless to attempt to use an electric current that does nothing but produce more vibrations at the point or points under contact than the point of contact is capable of making. We know that in treating electrically we must not create a vibration that is more rapid than the part under treatment. If the peristaltic action of the bowels is 30 per minute, and we use a faradic current that has more than 100 vibrations per minute, we are asking the intestinal tract to make more vibrations than it is capable of doing. It is as useless to use electricity for constipation without considering these points as it is to use it for club foot. These are some of the points that we ought to take into consideration, and are some of the many good ones contained in this paper.

THE X-RAY AND ITS RELATION TO MALIGNANT DISEASES.

By J. RICHEY HORNER, M. D., Cleveland.

There is probably no therapeutic agent in use today about which so much is being written as that result of electrical excitation ordinarily known as the X-Ray. There is probably no therapeutic agent from which so much is expected. Whether or not this expectation is to be realized, whether we are expecting too much from it and are destined to disappointment, is for the future to determine. The American people as a whole have been charged with being too optimistic—this in fact being ascribed to them as a natural trait. It cannot be denied that we are apt to go to extremes in our optimism as well as in other ways. Hence it is that with every new remedy which is applied for the care of the ills of the human race physicians are found who persistently ascribe to it may curative qualities which are entirely outside of its sphere of action.

While X-Ray was demonstrated by Prof. Roentgen in 1895, it has been used for therapeutic purposes during only the past two years, or perhaps a little more. During the first half decade of its use it was utilized entirely for diagnostic purposes. Many are the surgeons who were dismayed at the exposure of the results of their treatment of fractures. Reposing in a box in a room on one of the upper floors of a certain building in Chicago are radiographs of some bones once fractured now united, but united in a way never intended by Nature. The histories of these pictures are most interesting and give the lie to the old adage, "The surgeon's mistakes follow him in daily life while the physician buries his." Not until the X-Ray shed its light through tissues to the negative plate was it dreamed that so many mistakes of our surgeon were covered by muscle, adipose and skin. Based on these same pictures are a number of suits entered by the victims to endeavor to recover financial recompense for the careless, possibly unskillful, treatment.

Within the past two years, however, it has been demonstrated that the X-Ray has without doubt a very decidedly beneficial effect as a therapeutic agent. This effect, as with all effects of elec-

tricity, must be classed along with heat and light—a chemical agent rather than with medicines—what may be called a drug agent. Just here allow me to digress a moment to say that the therapeutic use of the X-Ray is but another instance showing how eagerly medical science is reaching out to the field of physics and using each new discovery made therein to the benefit of the human race.

Is it not remarkable that this remedy is directly and almost solely, so far as is now known, applicable to those diseases which have been the bane of the physician's life as well as that of the surgeon? We know positively that the X-Ray will cure *Lupus*—that is acknowledged by all operators. We know also that it has cured some cases of other malignant growths—not many, perhaps, but still some, and of most every form. Eczema, psoriasis, prurigo, acne vulgaris, sycosis, favus, rosacea and tuberculous foci have been cured by it. What a field of unsatisfactory medicinal treatment opens to our mind's vision upon the mention of these diseases! Suppose it does not cure every case of cancer of whatever form; suppose its curative value is limited to a percent only of certain forms of certain malignant growths, what then? Why, it has invaded a field where the surgeon and physician have heretofore been impotent—where the knife does just as little good as the drug administered, no matter in what dose or by what method.

As a matter of course, once its efficacy in malignant growths was suggested it was at once used for all forms with the result that positive effects were found in only a limited range of conditions, though it was shown that certain others might be curatively influenced by it.

Lupus has been positively cured. This statement is borne out by reports from many operators. Brokaw, of St. Louis, Grubbe, of Chicago, Wm. J. Morton, of New York, Coley, of the same city, Skinner, of New Haven, Conn., report cases which prove the efficacy in this form of tuberculous growth; and right here comes the query: if radiation is effective in this external manifestation of the disease why should it not under proper conditions do just as good work in the pulmonary form of the disease?

Next in order of conditions affected by X-Ray is epithelioma, though few operators will claim definitely that the effect is positively a curative one. It is known that the external manifestations of the disease disappear, but whether that disappearance is permanent or not time alone will prove. As is well known, surgeons do not claim a permanent cure after operation for cancerous affections until three years or more have passed without recurrence. As radiation has been practiced therapeutically for only a short time, less than the shortest period allowed by the surgeon, the conservative operator in X-Ray is not yet ready to say that he has made definite and permanent cures.

Grubbe says that the most marked results he has obtained have been upon those cases which having been operated give unmistakable evidences of recurrence. In several cases he showed the writer healthy granulations were showing themselves where post-operative cancerous nodules had made their appearance directly over the seat of the operation, along the cicatrices. In fact, it is conceded that in all operable cases the aid of the surgeon should first be invoked, and the patient afterwards submitted to the action of the X-Ray. It would be manifestly absurd to treat with radiation cases where a malignant growth is on the surface and readily removed by the knife. The more rational procedure is to get rid of all visible tissues affected by the cancerous condition, then treat with the ray the site of that growth with the idea of thoroughly eradicating all of the malignant element. Such a procedure was adopted by Prof. Wood and myself upon a case of mammary carcinoma which recently came under our care. The breast and axillary glands have been removed and as soon as the patient has recovered her strength it is my intention to subject her to a thorough course of radiation with the hope of completing the work.

Tuberculosis of the bones is placed upon the list of promising diseases. Not many cases have been reported, but enough to show that the treatment is at least to some degree effectual. In leaving the subject of tuberculous conditions I might say that I have at the present time under treatment a case of tubercular laryngitis which was reported by the laryngologist by whom he was referred

to me to be certainly under control. In more than two months during which I have been giving him part of the time daily treatments, there has been no advance of the disease.

In a general way we might say that cancerous growths in all soft tissues show favorable results from treatment.

Of its action in sarcomatous growths nothing very definite has been accomplished. Some of these tumors have seemed to show but little susceptibility, though in others some good results have been evident. One case of spindle-celled sarcoma showed marked improvement, as did also a case of round-celled sarcoma, the latter, however, after complete disappearance showed a tendency to recur. Another round-celled sarcoma disappeared entirely and eight months later showed no tendency to recur.

Dr. Coley, of whom mention has been made, has made a careful report of ten cases treated by him as follows: Case I. Inoperable round-celled lympho-sarcoma of the neck entirely well after five month's treatment. Case II. Sarcoma of the femur, shows a decrease of two inches in the size of the tumor; though symptoms have developed which point very strongly to metastasis of the right lung. Case III. Small round-celled sarcoma of the pectoral region which entirely disappeared under combined toxin and X-Ray treatment. Case IV. Round-celled sarcoma of the thigh showing no effects of treatment. Case V. Round-celled sarcoma of the parotid developed rapidly, and in spite of treatment caused death within six months of the origin. Case VI. Recurrent melanotic sarcoma of the iliac glands shows slight diminution in the size of the tumor, though the patient at the last report was failing slowly. Case VII. Spindle-celled sarcoma of the upper jaw, gradually increased in size. Case VIII. Small round-celled sarcoma of the gracilis muscle, four times recurrent, after remaining quiescent for a month showed little improvement. Case IX. Small round-celled sarcoma of the back, after treatment for three months tumor entirely disappeared. Case X. Inoperable sarcoma of the parotid, slight increase after two month's treatment, which was being continued at the time of the report.

Grubbe classifies the diseases for which X-Ray treatment has been given in the order of their probable susceptibility to its

action, as follows: Lupus, epithelioma, post-operative nodules, mammary carcinoma, tuberculosis of the soft parts, tuberculosis of the bones, cancer of soft internal organs, sarcomas, osteomas.

Burns.—Dermatitis.—Ulceration not serious, not necessary, does not always occur, but often the first sign of a retrogression of the tumor, particularly the carcinoma or sarcoma, will heal of themselves. Should be treated simply—plain vaseline—no carbolic acid should be used.

Conclusions.—1. The X-Ray is the most remarkable therapeutic agent of the last decade.

2. In properly selected cases of so-called "incurable conditions" the X-Ray treatment has brought about remarkable results.

3. Relief from pain is one of the most prominent features of the treatment.

4. Retrogressive changes are noticeable in all primary cancer of tuberculous growths.

5. The X-Ray has a pronounced effect upon internal cancers.

6. The greatest value of the X-Ray is obtained in treating post-operative cases to prevent recurrences.

7. The proportion of clinical cures by this treatment is greater than that obtainable by any other method of treatment.

8. We are positively justified in assuming an idiosyncrasy to X-Rays.

9. The peculiarities of each case must be studied in order to get the best results, *i. e.*, no strict rules for treatment can be laid down.

Dr. Wiggers: Dr. Horner says not to put too much faith in this newest of discoveries. That you must not expect too much of this excellent discovery. This is true. Many physicians send us cases for X-Ray work and expect to absorb all large growths, cancers, etc. This is a mistake. These growths ought to be first removed by the surgeon; then the latter treatment may be given with benefit. It is foolish to try to remove operable malignant growths with the X-Ray. To remove a large carcinoma of the breast with the X-Ray it would take six, eight, ten or twelve

months. Your Rays might overcome it in that time, but the chances are that the growth has gone on so far that it cannot be stopped. First remove the growth in the usual way, then Ray it from three to six weeks after that operation.

In October a case of carcinoma of the breast was referred to me for X-Ray treatment. I refused to touch the case until the cancer was removed by the knife. Three weeks after that I started the Ray treatment every other day for about a month; then about once a week for another month; then twice a month for one or two months. I consider it almost useless to continue these treatments beyond a certain time. I tell them if anything should develop they are to come back to me and we will begin the treatment again. This lady came back about six or eight weeks afterwards. When she returned there was a small nodule on the breast. I removed that nodule, and then gave her X-Ray treatment. A boy 18 years old scuffling with his brother was thrown violently upon his back and a large growth developed right between the ilia, having the size of a full grown person's head. His weight dropped from 135 to 113 pounds. Pulse 110 to 120; temperature one or two degrees above. He developed a very yellow appearance. He was referred to me for Ray treatment. It proved to be an osteo-sarcoma. I gave the boy this treatment every other day for a month, then twice a week, and in a very short time after he began his treatment that boy began to improve. He was in my office Monday night; the growth wasn't any larger than an olive. He now weighs 130 pounds.

The Ray may be applied not only to cancerous growths, but also to locomotor ataxia. I have had several cases of this kind, and one especially has been greatly relieved by the treatment. The patient was unable to walk at all. I placed him under the Rays and gave him treatment, alternately the static, heart to spine, then the Ray from the coil, and after the seventeenth treatment this man was able to come to my office on two crutches. I continued the treatment for two months longer. Then he came with two canes. I have continued the treatment for nine months. That man has now resumed his work.

Dr. Connell desired to know how long each treatment was continued.

Dr. Wiggers: If you use the static machine, 24 plate, I would give him about seven minutes. If I use the coil—the 12 inch—I give him about five minutes, depending upon effect desired.

Dr. Clarke: I was amused as the essayist described some of the mistakes that the X-Ray had developed. In my experience I have known eight or ten persons who looked at their fractured bones out of curiosity to see the results of a previous fracture. There was absolutely no sign whatever of the fracture. The patients all passed through the rigmarole of treatment in the surgical way, and had been bandaged up and had all the usual treatment, the surgeons receiving their fees all right, though there had been no fracture, only severe bruise. I would like to endorse the remarks made by the essayist in regard to epithelioma. I have seen some very severe cases of this disease that were very painful, relieved, as the doctor says, by the first application. One of mine was a very severe case of chin eaten entirely off. The man had been under the influence of morphine, that night and the next day he reported that he slept better than he had for six months and had used no morphine. And that was his report for the whole month that he was under this treatment, all pain vanished and good sleep without opiates.

Dr. Phillips: The point that the doctor just mentioned in reference to fractures is an important one. My experience along that line has been that you have to be very careful or else you will make an error. If a fracture has been perfectly adjusted, after the course of a little time it may give you absolutely no indication under the X-Ray that there has been any fracture—that is if the fracture has been properly and perfectly treated. Sometimes you will have remaining a callous by which you will be able to make a diagnosis, but not always; so that you may be doing the surgeon an injustice. In reference to the X-Ray treatment of tubercular growths I don't think that there is any other treatment that will compare with the X-Ray. In pulmonary tuberculosis, in

the latter stages, the X-Ray is worse than useless, because it sets into circulation such a tremendous amount of morbid tissues that it pushes up the temperature, and if you continue with the treatment you will surely hasten the end. The cases that are benefited the most are those in which there is one or more attacks of pneumonia or pleurisy where you have an effusion which has not cleared up. The X-Ray treatment in such cases will work wonders.

Dr. Horner: The point is not to promise too much. In regard to the length of time the rays should be used in each patient I would say that you must individualize your patients—you must study your patient. Some patients will stand four or six or eight minutes without any deadening of the surface. And other patients will complain if you give them six, while with longer treatment they will show signs of dermatitis. If I find there is no idiosyncrasy, no dermatitis resulting I may treat that patient for ten to fourteen minutes perhaps, steady application of the ray with the static machine.

DIET IN NEUROSES.

By J. H. COOK, M. D., New Carlisle.

What to eat, when to eat, and how much to eat are questions very frequently asked, and quite as frequently they are either entirely evaded or answered in such a general way as to be practically valueless to the patient. The special form of nervous trouble will in a measure determine the kind of foods to be taken, but when to urge food and when to withhold it requires much study. Dr. J. Torrington Black in an able article calls our attention to the fact that in nervous dyspepsia, dieting often does much harm. It is well known that such patients are too explicit in following the physician's inexplicit directions. If told that too much meat will aggravate their trouble, they abstain from meat entirely. If their attention is called to milk being constipating, they avoid milk without seeking to overcome the trouble by malting, shaking or peptonizing. Goodno also calls attention to the fact that strict dietary precautions are often more harmful than beneficial, causing the patient often to worry constantly over what to eat and what to

avoid, thereby intensifying his introspectiveness. But is not this more due to the fact that certain articles of diet are recommended or forbidden in place of the appropriate food being selected, its manner of preparation being designated, the quantity to be consumed being measured, and the time for its ingestion being recorded. That what we eat has a material bearing upon what we are is easily demonstrated. For instance, I have one patient mentally unsound, who alternates between gluttony and semi-starvation. When eating gluttonously she is boisterous, talkative, overbearing and extremely troublesome and difficult to live with, while during her periods of starvation she is quiet, silent, undemonstrative, requires nothing and seeks only to be let alone and remain peaceably in bed. The ancients were nearly all vegetarians, acorns and fruits being among the most commonly used, and it is said that nervous diseases, especially epilepsy, were almost unknown among them. Certain it is that the early settlers who lived on coarse corn bread and unbolted flour, with much wild game for meats, were not as nervous as this present generation. The Germans, with their rye bread, frankfurter sausages, sauerkraut and beer are much slower and more plodding in their methods. The English with their roast beef, plum pudding and ale are more irascible, contentious and tenacious. The French, with their highly spiced dishes and light wines are more frivolous and excitable; while the Americans, who are cosmopolitan in their dishes and tastes, are also cosmopolitan in their diseases, and require cosmopolitan directions in their diet and treatment. The first thing in feeding is to see that food is properly digested. No matter how nutritious it may be, nor what elements it may contain, unless it is digested, it will not be assimilated, and unassimilated food is foreign matter with which to tax the system by its elimination. One of the most glaring American evils is our constant hurry and efforts to save time. This is evidenced by bolting our meals and starting our food wrong at the first step of digestion. One reason why zwiebach and dextrinized foods are more easily digested is because they are difficult to swallow without being first thoroughly masticated, and digestion started before they even reach the stomach.

Meats, the great bone and sinew of the workingman's diet, should be sparingly used by those afflicted with nervous troubles. Not only is the uric acid found in the meat, but its formation in the system is encouraged by the use of a meat diet, and neurasthenic headaches and nervous irritability and instability are engendered and encouraged thereby. Highly seasoned foods of all kinds are to be avoided, both on account of their stimulating qualities and also because of their tendency to produce and perpetuate gastric and gastro-intestinal catarrhs. Tea, coffee and spirituous liquors for like reasons need to be carefully looked after by the physician and their use forbidden or strictly regulated. Hot water is the best drink for general purposes at meal time, but owing to its insipidity, I find it frequently to tax my ingenuity in suggesting various innocent flavorings like ground ivy and mints of different kinds, often suggesting several and using them in rotation, so as to prevent palling the appetite. Malted milk, when the taste is acceptable, and cocoa, especially Phillip's digestible cocoa, are urged upon my patients, where it becomes necessary to lunch between meals.

Of all the liquid articles of diet, none seem to me so generally useful as good buttermilk. Even babies can take it and thrive, but it often requires much persuasion and firmness to have it taken regularly and in quantities sufficient to obviate the necessity of resorting to more objectionable aliment. Next to buttermilk come the various preparations of sweet milk, but no hand-made article equals the laboratory product of nature. Following in the descending scale of usefulness comes the liquid peptonoids, under various names and manufacturers. If as much attention was given to the making of raw eggs palatable as is used in the preparation of milks and meats, we would have a veritable store house upon which to draw, but I have never succeeded in persuading patients that from one to one dozen raw eggs every day was just what they wanted.

The food value of nuts is just beginning to be appreciated. Pecans have been recently highly praised in hyperacidity. Malted nuts, nut butter and creams are now being placed before the market, and are both exceedingly palatable and highly nutritious, and

aid us very much when we desire to use highly concentrated food of easy digestion.

The many new breakfast foods being placed upon the market are finger boards pointing out the way to a better mode of eating than is furnished by the frying pan and grease soaked contents of the skillet. We can use them to much better advantage if we require them to be used without the accessories of cream and sugar. A dry teaspoonful of maple flake, or its equivalent in shredded wheat biscuit cannot be swallowed until thoroughly masticated, and we enforce our precepts to eat slowly by making it physically impossible to do otherwise. A little tact is necessary even to have success in eating. The manner of preparing and the choice of cereals has undergone a marked change in the past few years. Oatmeal, which formerly was held in high esteem, is now relegated to the rear and assigned to its proper place as food for horses. Wheat, which contains all the elements which enter into the composition of the body, is now riding the top crest of the wave of popularity, and dextrinization by means of dry heat now takes the place of sodden porridges. These changes, unlike some others, have all been in line with the most advanced views of physiology. Add to these fruits in season, and eaten during the early hours of the day, and we have a line of diet from which it is not so hard to select something both agreeable to the most fastidious taste, and suitable to the crying needs of the most delicate invalid.

Dr. Beckwith complimented the author upon his excellent paper, and said that every patient a doctor treats requires different treatment, not only in medicine, but also in the diet.

Some nervous patients take beef, or beef juice, and digest it better than other foods. While other patients use cereal foods with benefit.

My experience has been quite extensive in the treatment of nervous children, and I have never found them to require the same kinds of food at all times. The treatment must apply to each individual case.

Dr. Beebe: "The elder Dr. Flint once said that he never knew a dyspeptic that was placed on a rigidly strict diet to recover,

nor did he ever know of a person in good health, that was placed on this same kind of diet that he did not become a dyspeptic."

Dr. Connell: My experience as a physician has been that persons that are everlastingly dieting are going to be everlastingly dyspeptic, and if you as physicians follow these new food fads that are introduced not so much for the health of the dear public as they are for dollars and cents, you will find that they tend to ruin the health of the people using them. Diet is a good course to pursue for any one anxious to lay the foundation for dyspepsia. Diet is common sense—good common sense in the sick, but it is rank nonsense to diet the healthy. We must get back again to the fundamental principles and give them the best foods containing the phosphates and the nutritive values that we all used to know about. Then we will have less trouble with the dyspeptics.

Dr. Geohegan: Diet in disease is a complex question—a very complex question. Too often we make serious errors in the selection of foods for our patients. In the first place it depends upon the digestive ferments as to whether we shall feed meat or cereals. We must ascertain if the food recommended can be digested without filling the intestines with gases. Many persons who are fed almost entirely upon cereals have in their intestinal tract a fermenting mass. We all know how the blood is contaminated by the absorption of the resulting toxins. Then, too, we must have assimilation as well as digestion. One who can eliminate well can take much food that he does not need, a great deal of improper food and still maintain a fair degree of health. If abundance of water is ingested the excretion of toxins, as well as of the products of normal metabolism is favored even if the organs of elimination are weak. Hot water is an excellent remedy and so is cold water, but more harm can be done with the latter. The use of hot water is somewhat fallacious. When the treatment of tuberculosis by superheated air was in vogue it was soon discovered that air inspired at a temperature of 300 degrees to 400 degrees was cooled almost to 100 degrees before it reaches the trachea. And so with the ingestion of hot water; it is cooled almost to the temperature of the body ere it reaches the stomach.

Dr. Kilgour: I protest against referring to oat meal as a horse food—that it is a food fit only for horses. It is the staple diet of the Scotch people from the cradle to the grave, and some of the sturdiest members of the race eat oat meal and milk every day, and they are intellectually, morally and physically the peers of any other race on the face of the earth.

CONSTITUTION.

ARTICLE I.

This Society shall be known as the Homeopathic Medical Society of the State of Ohio; and its object shall be the advancement of the medical science.

ARTICLE II.

Any physician of good moral character, who is a graduate of any legally constituted and reputable medical college, and who subscribes to the doctrine *Similia Similibus Curantur*, may be elected a member of this Society, upon recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

ARTICLE III.

Every member shall, upon admission, sign the Constitution and By-Laws and pay the initiation fee.

ARTICLE IV.

Any non-resident physician, or such other person, resident or non-resident, as may be judged worthy from his superior attainments in medicine or collateral branches, may be elected an honorary member by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall not vote and shall not be eligible to office.

ARTICLE V.

The officers of the Society shall consist of a President, two Vice Presidents, a Secretary, Treasurer, and seven Censors, who shall be elected by ballot by a majority of the members present at any annual meeting; and who shall hold office until the adjournment of the annual meeting next after that at which they were elected, and until their successors are chosen and qualified.

ARTICLE VI.

It shall be the duty of the President to preside at all meetings of the Society, to preserve order, to put questions, announce

decisions, and to name members of committees not otherwise appointed.

ARTICLE VII.

It shall be the duty of the Vice Presidents in the order of their appointment, to discharge the duties of the president in his absence.

ARTICLE VIII.

It shall be the duty of the Secretary to give notice of the annual and other meetings of the Society, keep a record of the proceedings, conduct its correspondence and have charge of its archives.

ARTICLE IX.

It shall be the duty of the Treasurer to receive all moneys, make all necessary disbursements and report the same at the annual meeting.

ARTICLE X.

It shall be the duty of the Censors to receive all applications for membership, and to receive and report to the Society upon the possession by the candidates of the qualifications required by the Constitution. Three members of the Board of Censors shall constitute a quorum.

ARTICLE XI.

The annual meeting of the Society, at which time its officers shall be elected, shall be held at such place as shall be designated in the By-Laws, on the second Tuesday in May of each year, and such other meetings shall be held as shall be ordered by the By-Laws.

ARTICLE XII.

Nine members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article in this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting, provided that notice of each intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

Section 1. The annual meeting of the Society shall be held at such place as may be determined by a majority of the members at each regular meeting.

Sec. 2. The initiation fee shall be one dollar, and annual dues shall be three dollars, invariably in advance.

Sec. 3. At each annual meeting committees shall be appointed to report upon such subjects as the Society may designate.

Sec. 4. All communications read before the Society shall become its property; but no paper shall be published as a part of the transactions of the Society without its sanction.

Sec. 5. The regular order of business of each meeting shall be arranged by the President and Secretary.

Sec. 6. All papers presented to the Society may be read by synopsis or in full, not to exceed ten minutes, except the Chairman's, which may be fifteen. Discussions shall be limited to five minutes to each speaker, and no person shall speak more than twice on the same paper. Each paper shall be offered for discussion immediately after its reading.

Sec. 7. The Committee on Legislation shall consist of seven (7) members, of which the President shall be an ex-officio member. The president shall appoint two (2) members annually to serve a term of three (3) years.

Sec. 8. The President shall appoint the Ohio members of the Inter-state Committee of the American Institute of Homeopathy. One member appointed on this Committee shall be a member of our Committee on Legislation.

Sec. 9. It shall be the duty of the President, at the opening of the annual session of the Society, to appoint two (2) Supervisors of Election. All names of candidates for election as officers of the Society shall be endorsed by at least seven (7) members of the Society and placed in the hands of the Supervisors of Election; and it shall be their duty to publicly post the names of all the

candidates in the room where the meetings of the Society are held, by five o'clock in the afternoon of the first day of the Society's meeting.

The Supervisors of Election shall furnish printed ballots containing all the names of candidates for office, designating the office for which they are placed in nomination.

The ballot shall be the Australian system of placing an X before the names of the several candidates voted for.

The Supervisors shall hold the election from the hours of eight to ten o'clock a. m., on the second day of the meeting, and at the hour of ten o'clock a. m., they shall proceed to canvass the result of the election, and certify the same to the President, who shall announce the result to the Society.

The candidate receiving the highest number of votes shall be declared elected.

Sec. 10. The Publication Committee shall consist of the Secretary, Treasurer and President for the year of which the proceedings are recorded. It shall be the duty of the Secretary to edit the transactions, and all the proof shall be submitted to the President and Treasurer for their approval.

Sec. 11. The President-elect shall appoint a Committee of five members, whose duty it shall be to arrange all the minor detail business of the meetings of the Society over which he presides, and present it in such order as to interfere the least with the regular bureau work.

Sec. 12. These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

STANDING RESOLUTIONS.

Resolved, That we do not deem it best to issue certificates of qualifications to any person or persons except they be already members of this Society, but would refer all such cases to local, county or congressional district Societies.

Adopted June 9, 1868.

Resolved, That hereafter no paper shall be published with the proceedings of this Society, the substance of which, at least, has not been addressed to the Society.

Adopted May 11, 1870.

Resolved, That all members of the Society who shall remove from the state shall remain members of Society only on payment of dues up to the time of removal, after suitable notice.

Resolved, That all members of the Society, non-residents of the state, shall be exempt from all financial obligations to the Society.

Adopted May 14, 1873.

Resolved, That hereafter when any member becomes in arrears for three years his name shall be stricken from the list of members, after due notice. No member in arrears shall receive a copy of the transactions.

Resolved, That such members may be restored to the list upon payment of arrearage to date of restoration.

Adopted May 12, 1875.

Resolved, That the Secretary and Treasurer of this Society shall not, during incumbency, be required to pay annual dues.

Adopted May 14, 1890.

Resolved, That whenever any assessment is made which any member of this Society believes to be prejudicial to the Society's best interests, such assessment be considered to that individual null and void without any official action of the Society.

Adopted May 11, 1898.

OFFICERS OF THE SOCIETY

SINCE ITS ORGANIZATION, 1864.

1865.

President—A. O. Blair, M. D., Cleveland.
First Vice President—E. C. Witherill, M. D., Cincinnati.
Second Vice President—W. Webster, M. D., Dayton.
Third Vice President—A. C. Barlow, M. D., Lancaster.
Secretary—C. Cooper, M. D., Cincinnati.
Treasurer—G. H. Blair, M. D., Columbus.

1866.

President—Lewis Barnes, M. D., Delaware.
First Vice President—J. Bosler, M. D., Dayton.
Second Vice President—A. Shepherd, M. D., Glendale.
Secretary—E. P. Penfield, M. D., Bucyrus.
Treasurer—C. C. White, M. D., Columbus.

1867.

President—D. H. Beckwith, M. D., Cleveland.
First Vice President—Geo. H. Blair, M. D., Columbus.
Second Vice President—H. S. Barbour, M. D., Galion.
Secretary—W. Webster, M. D., Dayton.
Treasurer—C. C. White, M. D., Columbus.

1868.

President—J. Bosler, M. D., Dayton.
First Vice President—G. H. Blair, M. D., Columbus.
Second Vice President—E. C. Beckwith, M. D., Zanesville.
Secretary—A. Shepherd, M. D., Glendale.
Treasurer—C. C. White, M. D., Columbus.

1869.

President—W. Webster, M. D., Dayton.
First Vice President—E. L. Flowers, M. D., New Lexington.
Second Vice President—A. Shepherd, M. D., Glendale.
Secretary—T. P. Wilson, M. D., Cleveland.

Treasurer—C. C. White, M. D., Columbus.

1870.

President—E. B. Thomas, M. D., Cincinnati.

First Vice President—S. S. Lungren, M. D., Toledo.

Secretary—T. P. Wilson, M. D., Cleveland.

Treasurer—C. C. White, M. D., Columbus.

1871.

President—E. C. Beckwith, M. D., Zanesville.

First Vice President—W. Webster, M. D., Dayton.

Second Vice President—Lewis Barnes, M. D., Delaware.

Secretary—H. H. Baxter, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

1872.

President—T. P. Wilson, M. D., Cleveland.

First Vice President—M. H. Slosson, M. D., Dayton.

Second Vice President—J. M. Parks, M. D., Cleveland.

Secretary—H. H. Baxter, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

1873.

President—S. S. Lungren, M. D., Toledo.

First Vice President—J. D. Buck, M. D., Cincinnati.

Secretary—H. H. Baxter, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

1874.

President—J. D. Buck, M. D., Cincinnati.

First Vice President—J. H. Coulter, M. D., Columbus.

Second Vice President—G. J. Jones, M. D., Grafton.

Secretary—H. H. Baxter, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

1875.

President—J. R. Flowers, M. D., Columbus.

First Vice President—C. C. White, M. D., Columbus.

Second Vice President—W. M. Detweiler, M. D., Findlay.

Secretary—W. A. Phillips, M. D., Cleveland.

Treasurer—J. C. Sanders, M. D., Cleveland.

1876.

The following year, 1876, being the Centennial, and the profession being largely occupied with the World's Convention, which met in Philadelphia, no session of the Society was held.

1877.

President—W. M. Detweiler, M. D., Findlay.
First Vice President—R. B. Rush, M. D., Salem.
Second Vice President—William Owens, M. D., Cincinnati.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1878.

President—J. B. Hunt, M. D., Delaware.
First Vice President—H. H. Baxter, M. D., Cleveland.
Second Vice President—E. P. Gaylord, M. D., Cleveland.
Secretary—A. N. Ballard, M. D., (pro tem.), Shelby.
Treasurer—J. C. Sanders, M. D., Cleveland.

1879.

President—H. H. Baxter, M. D., Cleveland.
First Vice President—E. P. Gaylord, M. D., Toledo.
Second Vice President—William Owens, M. D., Cincinnati.
Secretary—H. M. Logee, M. D., Oxford.
Treasurer—J. C. Sanders, M. D., Cleveland.

1880.

President—E. P. Gaylord, M. D., Toledo.
First Vice President—William Owens, M. D., Cincinnati.
Second Vice President—E. Gillard, M. D., Sandusky.
Secretary—J. A. Gann, M. D., Wooster.
Treasurer—J. C. Sanders, M. D., Cleveland.

1881.

President—H. M. Logee, M. D., Oxford.
First Vice President—M. H. Parmelee, M. D., Toledo.
Second Vice President—G. W. Moore, M. D., Springfield.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1882.

President—William Owens, M. D., Cincinnati.
First Vice President—E. Van Norman, M. D., Springfield.
Second Vice President—C. C. White, M. D., Columbus.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1883.

President—C. C. White, M. D., Columbus.
First Vice President—C. E. Walton, M. D., Hamilton.
Second Vice President—W. A. Phillips, M. D., Cleveland.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1884.

President—J. C. Sanders, M. D., Cleveland.
First Vice President—J. P. Geppert, M. D., Cincinnati.
Second Vice President—M. P. Hunt, M. D., Delaware.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—William T. Miller, M. D., Cleveland.

1885.

President—R. B. Rush, M. D., Salem.
First Vice President—G. C. McDermott, M. D., Cincinnati.
Second Vice President—E. R. Eggleston, M. D., Mt. Vernon.
Secretary—H. E. Beebe, M. D., Sidney.
Assistant Secretary—S. P. Geiser, M. D., Cincinnati.
Treasurer—William T. Miller, M. D., Cleveland.

1886.

President—H. E. Beebe, M. D., Sidney.
First Vice President—A. Claypool, M. D., Toledo.
Second Vice President—O. D. Childs, M. D., Akron.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—H. A. Chase, M. D., Toledo.
Treasurer—William T. Miller, M. D., Cleveland.

1887.

President—A. Claypool, M. D., Toledo.
First Vice President—J. W. Clemmer, M. D., Columbus.

Second Vice President—R. N. Warren, M. D., Wooster.
 Secretary—C. E. Walton, M. D., Hamilton.
 Assistant Secretary—C. L. Cleveland, M. D., Cleveland.
 Treasurer—H. Pomeroy, M. D., Cleveland.

1888.

President—N. Schneider, M. D., Cleveland.
 First Vice President—E. R. Eggleston, M. D., Mt. Vernon.
 Second Vice President—J. A. Gann, M. D., Wooster.
 Secretary—C. E. Walton, M. D., Hamilton.
 Assistant Secretary—M. P. Hunt, M. D., Cleveland.
 Treasurer—H. Pomeroy, M. D., Cleveland.

1889.

President—C. E. Walton, M. D., Hamilton.
 First Vice President—C. L. Cleveland, M. D., Cleveland.
 Second Vice President—Frances G. Derby, M. D., Cleveland.
 Secretary—Frank Kraft, M. D., Sylvania.
 Assistant Secretary—C. D. Crank, M. D., Cincinnati.
 Treasurer—H. Pomeroy, M. D., Cleveland.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1890.

President—John A. Gann, M. D., Wooster.
 First Vice Pres.—Orpha D. Baldwin, M. D., E. Portland, Ore.
 Second Vice President—C. A. Pauly, M. D., Cincinnati.
 Secretary—Frank Kraft, M. D., Sylvania.
 Assistant Secretary—C. C. True, M. D., Cleveland.
 Treasurer—H. Pomeroy, M. D., Cleveland.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1891.

President—E. R. Eggleston, M. D., Cleveland.
 First Vice President—O. A. Palmer, M. D., Warren.
 Second Vice President—O. D. Childs, M. D., Akron.
 Secretary—R. B. House, M. D., Springfield.
 Assistant Secretary—T. G. Barnhill, M. D., Findlay.
 Treasurer—C. D. Ellis, M. D., Cleveland.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1892.

President—C. D. Crank, M. D., Cincinnati.
First Vice President—M. H. Parmelee, M. D., Toledo.
Second Vice President—T. G. Barnhill, M. D., Findlay.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—S. R. Geiser, M. D., Cincinnati.
Treasurer—C. D. Ellis, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1893.

President—M. H. Parmelee, M. D., Toledo.
First Vice President—H. B. VanNorman, M. D., Cleveland.
Second Vice President—S. R. Geiser, M. D., Cincinnati.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—A. C. Roll, M. D., Toledo.
Treasurer—R. B. House, M. D., Springfield.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1894.

On account of the World's Fair at Chicago, Ill., in 1893, no meeting of the society was held in Ohio. The officers elected for the previous year were therefore retained, and the Homeopathic Medical Society of Ohio attended the sessions of the World's Congress of Homeopathic Physicians and Surgeons, held in Chicago, May 24 to June 3, 1893.

1895.

President—R. B. House, M. D., Springfield.
First Vice President—William Watts, M. D., Toledo.
Second Vice President—W. C. Hastings, M. D., Van Wert.
Secretary—Thomas M. Stewart, M. D., Cincinnati.
Assistant Secretary—Frank Kraft, M. D., Cleveland.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1896.

President—W. A. Phillips, M. D. Cleveland.
First Vice President—Thomas M. Stewart, M. D., Cincinnati.
Second Vice President—Emma L. Boice, M. D., Toledo.
Secretary—A. C. Roll, M. D., Toledo.

Assistant Secretary—J. C. Fahnestock, M. D., Piqua.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1897.

President—M. P. Hunt, M. D., Columbus.
First Vice President—W. A. Geohegan, M. D., Cincinnati.
Second Vice President—J. T. Ellis, M. D., Waynesville.
Secretary—A. C. Roll, M. D., Toledo.
Assistant Secretary—R. B. Carter, M. D., Akron.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1898.

President—W. A. Geohegan, M. D., Cincinnati.
First Vice President—R. B. Johnson, M. D., Ravenna.
Second Vice President—F. O. Hart, M. D., West Unity.
Secretary—R. B. Carter, M. D., Akron.
Assistant Secretary—M. P. Hunt, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1899.

President—R. B. Carter, M. D., Akron.
First Vice President—A. W. Reddish, M. D., Sidney.
Second Vice President—Martha Canfield, M. D., Cleveland.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—G. D. Grant, M. D., Springfield.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1900.

President—C. E. Sawyer, M. D., Marion.
First Vice President—F. W. Morley, M. D., Sandusky.
Second Vice President—Laura C. Brickley, M. D., Cincinnati.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—G. E. Wilder, M. D., Sandusky.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1901.

President—J. W. Means, M. D., Troy.
First Vice President—C. A. Pauly, M. D., Cincinnati.
Second Vice President—L. K. Maxwell, M. D., Toledo.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—C. E. Silbernagel, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1902.

On account of the meeting in Cleveland of the American Institute of Homeopathy, no meeting of the State Society was held in 1902. The officers elected the previous year were retained and the members attended the sessions of the Institute in June.

1903.

President—Thos. M. Stewart, M. D., Cincinnati.
First Vice President—G. D. Grant, M. D., Springfield.
Second Vice President—J. P. Hershberger, M. D., Lancaster.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—C. E. Silbernagel, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1904.

President—W. B. Carpenter, M. D., Columbus.
First Vice President—J. H. Wilson, M. D., Bellefontaine.
Second Vice President—Katherine Kurt, M. D., Akron.
Secretary—C. E. Silbernagel, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

MEMBERS.

A

NAME.	LOCATION.	ADMITTED.
Allen, Alice Gillespie,	Columbus, 203 West Goodale Street,	1898
Allen, H. C. (Honorary),	Chicago, Ill., 5142 Washington Avenue,	1888
Ames, C. S.,	Ada,	1894
Arndt, G. D.,	Mt. Vernon,	1896

B

Babendreier, Albert I.,	Cincinnati, 206 West Fourth Street,	1899
Baldwin, H. D.,	Elyria,	1900
Baldwin, Wm. M.,	Newark,	1903
Baldwin-Bruce, Orpha D.,	Tampa, Fla., 1082 Florida Avenue,	1887
Ballard, A. N.,	Birmingham, Ala.,	1877
Banning, Carina, B. C., B. S.,	Fort Wayne, Ind., 181 Clinton Street,	1895
Banning, Edward P.,	Fort Wayne, Ind., Box 364,	1895
Barnes, Lewis (Honorary),	Columbus, 1284 Oak Street,	1864
Barnhill, J. W.,	Napoleon,	1898
Barnhill, T. G.,	Findlay,	1875
Bashore, J. I.,	Tippecanoe City,	1899
Baxter, H. H.,	Cleveland, 275 Prospect Street,	1868
Beckwith, D. H.,	Cleveland, 94 Dorchester Avenue,	1864
Beckwith, S. R.,	New York, N. Y., 170 Fifth Avenue,	1864
Beebe, H. E.,	Sidney,	1873
Benson-Silber, Martha E.,	Akron, 326 South Main Street,	1898
Biggar, H. F.,	Cleveland, 260 Euclid Avenue,	1867
Biggar, H. F. Jr.,	Cleveland, 260 Euclid Avenue,	1903
Bishop, H. D.,	Cleveland, 89 Euclid Avenue,	1894
Blackburn, W. J.,	Salem,	1895
Boice-Hays, Emma L.,	Toledo, cor. Monroe and 23d Streets,	1888
Brenizer, N. O.,	Austin, Texas,	1888
Brickley, Laura C.,	Cincinnati, cor. Chase and Hamilton Avenues,	1888
Bryant, Susannah L.,	Columbus, 859 Oak Street,	1903
Buck, J. D.,	Cincinnati, 124 West Seventh Street,	1869

C

Cameron, G. D.,	Chagrin Falls,	1899
Canfield, M. A.,	Cleveland, The Rose Building,	1877
Carpenter, W. B.,	Columbus, 657 North High Street,	1883
Carter, E. B.,	Akron,	1887
Chapman, E. K.,	Defiance,	1894
Chapman, Harriet B.,	Cleveland, 810 Rose Building,	1898
Cheatham, Elizabeth C.,	Marion,	1903
Childs, O. D.,	Akron,	1899
Church, T. T.,	Salem,	1886
Clark, G. E.,	Stillwater, Minn.,	1883
Claypool, Albert (Honorary),	Toledo, 711 Madison Street,	1877
Clemmer, J. W.,	Columbus, 238 East State Street,	1884

NAME.	LOCATION.	ADMITTED.
—Coffeen C. B.,	Piqua,	1882
Conard, C. K.,	Mt. Vernon,	1894
Cook, J. H.,	New Carlisle,	1892
Cooke, Clara E.,	Portsmouth,	1903
Cory, Kate Whipple,	Barberton,	1897
—Crank, C. D.,	Cincinnati, 231 Auburn Avenue,	1877
—Crismore, Jas. M.,	Helena,	1886
Croft, W. B.,	Medina,	1884
Cummer, R. J.,	Cleveland, 531 Permanent Building,	1895
—Curtis, H. M.,	Marletta,	1895
D		
Damon, E. H.,	Brandywine,	1899
Darby, E. A.,	Northampton, Mass.,	1894
—Dewey, W. A. (Honorary),	Ann Arbor, Mich.,	1898
Dickson, James,	Canal Dover, 246 North Seventh Street	1898
Dudley, Mrs. Maurice,		
E		
Edgar, S. F.,	Zanesville,	1874
—Eggleston, E. R.,	Mt. Vernon,	1877
Ehrmann, George B.,	Cincinnati, 28 East Seventh Street,	1898
Elliott, A. E.,	Lodi,	1900
Ellis, J. T.,	Waynesville,	1895
F		
Faulder, H. B.,	Sidney,	1901
Fawcett, J. M.,	Wheeling, W. Va., cor. Market & 7th Streets,	1892
Ferris, Charles,	College Hill,	1896
Ferris, Jacob,	College Hill,	1899
Finke, F. W. D.,	Cleveland, 610 Rose Building,	1903
Fletcher, Sara E.,	Columbus, 338 East State Street,	1897
Forward, C. B.,	Cleveland, Williamson Building,	1895
Fowler, E.,	Cleveland, 1439 Broadway,	1868
—Frost, W. A.,	Tecumseh, Mich.,	1881
G		
—Geiser, S. R.,	Cincinnati, cor. Seventh and Race Streets,	1880
—Geohegan, William A.,	Cincinnati, 918 Hawthorne Ave., Price Hill,	1889
Georgi, Sophia E.,	Cincinnati, 1634 Pullan Avenue,	1903
—Gillard Edwin,	Sandusky, 423 Columbus Avenue,	1875
Gillard, E. E.,	Sandusky, 423 Columbus Avenue,	1898
Ginn, Curtiss,	Dayton,	1899
Glendenning, W. B.,	Cleveland, 275 Prospect Street,	1899
—Grant, George D.,	Springfield,	1881
Graybill, J. D. (Honorary),		1882
Griggs, O. P.,	Ashtabula, 207 Main Street,	1885
H		
Hadley, W. A. M.,	Springfield,	1903
—Haggart, G. B.,	Alliance,	1901
Hall, Edward M.,	Delaware, 18 West Winter Street,	1873
—Harding, G. T.,	Marion,	1899
—Harvey, J. H.,	Toledo, 735 The Spitzer,	1894
Hastings, W. C.,	Seattle, Wash., Suite 28, Downs Block,	1887

NAME.	LOCATION.	ADMITTED.
Hatch, H. S.,	Madison, Ind.,	1892
Hawkins, H. R.,	Xenia,	1899
Hayden, A. S.,	Salem,	1884
Hershberger, J. P.,	Lancaster,	1887
Hetherington, Clark E.,	Piqua,	1903
Hills, H. B.,	Youngstown, 31 West Wood Street,	1889
Hinsdale, W. B.,	Ann Arbor, Mich.,	1890
Hodson, George S.,	Washington Court House,	1898
Horner, J. Richey,	Cleveland, 607 The Osborn,	1898
House, R. B.,	Springfield, 108 East High Street,	1881
Howard, Elmira Y.,	Palmyra, Mo.,	1871
Hoyt, C.,	Chillicothe, 39 South Paint Street,	1882
Hoyt, William,	Hillsboro,	1871
Hughes, C. W.,		1897
Hunt, Ella Grace,	Cincinnati, 608 West Eighth Street,	1899
Hunt, H. E.,	Cambridge,	1900
Hunt, J. S.,	Santa Monica, Cal.,	1896
Hunt, M. P.,	Columbus, 208 East State Street,	1881
Hurlburt, J. W.,	Unioopolis,	1900
I		
Ireland, Charles L.,	Columbus, 942 North High Street,	1900
J		
Jewitt, E. H.,	Cleveland, 484 The Arcade,	1887
Johnson, J. Howard,	Wauseon,	1899
Johnson, R. B.,	Riverside, Cal.,	1889
Jones, G. J.,	Cleveland, 5 Rockwell Street,	1873
Junkerman, C. F.,	Lancaster,	1903
K		
Kelsaer, Romeo O.,	Columbus, 54 North Washington Avenue,	1901
Kilgore, P. T.,	College Hill,	1892
King, John C.,	Banning, Cal.,	1883
King, Julius,	New York, N. Y.,	1884
Kirk, Ellen M.,	Cincinnati, 169 West Seventh Street,	1880
Kraft, Frank,	Cleveland, 57 Bell Avenue,	1888
Kurt, Katherine,	Akron, 113 South Broadway,	1895
L		
Laronge, L.,	Cleveland, 197 Superior Street,	1894
Lee, Frank C.,	Fullertown,	1903
Lehman, F. P.,	Sandusky,	1900
Logee, H. M.,		1877
Loomis, F. R.,	Jefferson,	1886
Loy, E. N.,	Troy,	1901
Lunger, J. S.,	Prospect,	1894
M		
McCann, T. A.,	Dayton,	1896
McClure, S. D.,	Newark,	1901
McClure, W. B.,	Martin's Ferry,	1896
McCormick, A. L.,	Cincinnati, 3110 Woodburn Ave., Wal't Hills,	1885
Mason, A. E.,	Uhrichsville,	1897
Maxwell, L. K.,	Toledo, 1615 Twenty-Second Street,	1891

NAME.	LOCATION.	ADMITTED.
Mead, J. S.,	Lorain,	1900
Meade, C. C.,	Cincinnati, 4226 Hamilton Avenue,	1896
Meade, S. J. D.,	Cincinnati, 417 Everett Street,	1889
Meader, Lee Douglass,	Cincinnati, 100 West Seventh Street,	1895
Means, J. W.,	Troy,	1896
Miller, H. T.,	Springfield, 113 East High Street,	1895
Miller, John M.,	Springfield, 113 East High Street,	1882
Mitchell, J. A.,	Newark,	1898
Mohn, D. L.,	Ashland,	1896
Monroe, A. L. (Honorary),	Louisville, Ky.,	1889
Monroe, F. B.,	Toledo, 418 Cue Street,	1899
Morden, Ralph,	Circleville,	1901
Morley, F. W.,	Sandusky,	1890
Munna, C. O.,	Oxford,	1885
Murphy, Frank W.,	Dayton,	1899
N		
Nelles, A. B.,	Columbus, 198 East State Street,	1896
Norris, J. C.,		1886
O		
Olmstead, C. C. (Honorary),	Kansas City, Mo.,	1864
Outland, W. H.,	Bellefontaine,	1882
Overpeck, J. W.,	Hamilton, cor. Third and Dayton Streets,	1892
P		
Painter, Charles D.,	Alliance,	1900
Palmer, I. M.,	Newark,	1892
Palmer, O. A.,	Cleveland, 24 Streater Avenue,	1888
Pardee, Mark,	Franklin,	1898
Pauly, C. A.,	Cincinnati, Union Trust Building,	1888
Peters, Wilson L.,	Nebraska,	1895
Phillips, Lincoln,	Cincinnati, 1104 McMillan Street, Wal't Hill,	1892
Phillips, W. A.,	Cleveland, 89 Euclid Avenue,	1879
Pomeroy, H.,	Cleveland, 116 Ingleside Avenue,	1884
Porter, Phil.,	E. Detroit, 33 Adams Avenue,	1888
Pratt, E. H. (Honorary),	Chicago, Ill., Central Music Hall,	1889
Pulford, William Henry,	Delaware,	1896
Q		
Quay, George H.,	Cleveland, 818 Rose Building,	1885
R		
Reddish, A. W.,	Sidney,	1883
Reed, R. G.,	Cincinnati, Union Trust Building,	1892
Rees, Owen C.,	Toledo, 314 Erie Street,	1892
Rhonehouse, G. W.,	Maumee,	1886
Ring, Charles F.,		1885
Roasberry, W. H.,	Olivesburg,	1900
Robinson, Emily,	Cleveland, 2238 Euclid Avenue,	1892
Roper, P. B.,	Cleveland, Pythian Temple,	1895
Rorich, F. H.,		1886
Rosenberger, A. S.,	Covington,	1889
Ruhl, H. C.,	Leipsic,	1896
Rust, Carl,	Cleveland, The Rose Building,	1895
Rust, E. G.,	Cleveland, 29 Euclid Avenue,	1887

S

NAME.	LOCATION.	ADMITTED.
~~Salisbury, S. S.,~~	Los Angeles, Cal.,	1877
~~Sanders, J. C.,~~	Cleveland, 608 Prospect Street,	1864
~~Sawyer, C. E.,~~	Marion, 265 and 267 South Main Street,	1883
~~Schell, J. Phil.,~~		1892
~~Schimansky, C. A.,~~	Sandusky,	1900
~~Schneider, Adolph B.,~~	Cleveland, 484 and 485 The Arcade,	1895
~~Schneider, J.,~~	Cleveland, 44 Harbor Street,	1892
~~Schulze, C. A.,~~	Columbus, 49 East Main Street,	1898
~~Sherwood, H. A.,~~	Warren,	1877
~~Siegfried, J. P.,~~	Ashtabula,	1900
~~Sigrist, C. W.,~~	Columbus, Linden Heights,	1896
~~Sigrist, P. H.,~~	New Philadelphia, 132 East High Street,	1895
~~Silbernagel, C. E.,~~	Columbus, 1083 North High Street,	1898
~~Simmons, H. B.,~~	Chestertown, Md.,	1895
~~Smith, Arthur B.,~~	Springfield,	1899
~~Smith, Francis A.,~~	Zanesville,	1896
~~Smith, Helen M. K.,~~	Delaware,	1900
~~Snow, Henry,~~	Norwood, Cincinnati,	1892
~~Spencer, G. W.,~~	Cleveland, 176 Euclid Avenue,	1897
~~Stacy, Sumner A.,~~	Coshocton,	1896
~~Stephens, J. A.,~~	Cleveland, 260 Euclid Avenue,	1884
~~Stewart, Thomas M.,~~	Cincinnati, 605-606 Traction Building,	1888
~~Stoner, J. W.,~~	North Baltimore,	1891
~~Sutphin, J. T.,~~	Middletown,	1871

T

Trego, W. E.,	Cleveland, 1463 Cedar Avenue,	1894
True, C. C.,	Cleveland, 1057 East Madison Avenue,	1885
Turrill, George E.,	Cleveland, 176 Euclid Avenue,	1894

V

Vance, J. W.,	Madison, Wis.,	1878
~~Van Norman, E. V.,~~	Los Angeles, Cal., 545 South Broadway,	1871
Van Norman, H. B.,	Cleveland, 460 Franklin Avenue,	1865

W

~~Waite, Kent B.,~~	Cleveland, 610-612 The Rose Building,	1890
~~Walter, Z. D.,~~	Pueblo, Colo, 107 West Seventh Street,	1872
~~Walton, C. E.,~~	Cincinnati, cor. Seventh and John Streets,	1880
~~Webster, Frank,~~	Dayton,	1895
~~Webster, William Herr,~~	Dayton,	1895
~~Welch, C. E.,~~	Nelsonville,	1898
~~Welliver, J. E.,~~	Dayton, 111 North Jefferson Street,	1899
~~Whipple, C. H.,~~	Barberton,	1897
~~White, F. R. Smith,~~	Cardington,	1892
~~Whitehead, J. H.,~~	Bowling Green,	1877
~~Wiggers, H. H.,~~	Cincinnati, 529 Everett Street,	1892
~~Wilder, Guert E.,~~	Sandusky, 415 Columbus Avenue,	1895
~~Willson, J. H.,~~	Bellefontaine,	1867
~~Wilson, T. P. (Honorary),~~	Cleveland, 74 Forest Avenue,	1864
~~Williams, J. W.,~~	Weston,	1886
~~Wine, J. Wilford,~~	Chicago, Ill., 298 Webster Avenue,	1896

NAME.	LOCATION.	ADMITTED.
Wollam, J. F.,	Jerry City,	1896
Wood, G. W.,	Wilmington,	1898
Wood, James C.,	Cleveland, 818 Rose Building,	1894
Woods, G. W.,	Columbus, 656 West Broad Street,	1898
Y		
Young, H. G.,	Pioneer,	1898
Z		
Zbinden, Christian,	Toledo, 431 Nebraska Avenue,	1894

MEMORIAL RECORD

IN HONOR OF

DECEASED MEMBERS:

1864. Beckwith, E. C.	1864. Lodge, E. A.
1864. Blair, A. O.	1897. Ludlam, R.
1871. Brown, B. P.	1867. Lungren, S. S.
1884. Clark, F. M.	1880. McDermott, G. C.
1883. Cleveland, C. L.	1870. McMahon, W. R.
1867. Coburn, S. H.	1892. Monroe, H. I.
1864. Cropper, Chas.	1872. Moore, G. W.
1867. Curtis, H. W.	1868. Morrill, C. F.
1870. Dake, J. P.	1864. Oesterlin, Chas.
1881. Duncan, T. C.	1871. Owens, Wm.
1880. Eaton, M. M.	1885. Owens, Wm., Jr.
1871. Ehrman, Benj.	1870. Pulte, J. H.
1864. Flowers, F. L.	1879. Ring, Hamilton
1880. Flowers, J. R.	1872. Rowsey, W. T.
1877. Gann, J. A.	1868. Rush, R. B.
1872. Gaylord, E. P.	1895. Scheble, M. M.
1885. Goucher, E. T.	1865. Schneider, N.
1871. Haines, J. W.	1864. Shepherd, A. F.
1882. Hale, T. T.	1864. Smith, G. W.,
1890. Hall, S. L.	1883. Steingraver, F. C.
1882. Harris, J. D.	1885. Taylor, F. P.
1886. Hart, F. O.	1864. Webster, Wm.
1897. House, C. E.	1886. Wells, T. E.
1871. Hunt, W. H.	1896. Williamson, W. P.
1891. Jackson, W. S.	1874. Wright, N. E.
1892. Jump, J. C.	1897. Yarnell, E. A.
1864. Kinsell, D. R.	

